Diagnostic Signs, Reflexes and Syndromes

STANDARDIZED

by

WM EGBERT ROBERTSON MD, FACP

Vis t g Phy ici M d l D i n, Ph l d lph Gen l H p t l;
Vis ti g Phy ici St L k d Ch ld H p t l,
d N th l H p t l.

and

HAROLD F ROBERTSON BS, MD FACP

A oc M d in U ty f I yl Med l Chi f t th
N p y h D p rtm t Ph l d lph G l
H p t l

SECOND REVISED EDITION

PHILADELPHIA
F A DAVIS COMPANY PUBLISHERS
1942

PUBLISHERS' FOREWORD

A new book quite often is only a new expression of what is to be found in other publications This however is an entirely new type of a book Its creation is the direct result of the impatient sufferance of the medical profession because of the lack of such a work

Signs and reflexes prove of great value in making a diagnosis Gradually the profession is placing more emphasis on the importance of their utilization but the recognition of this importance has presented several problems First there has been no reference work available in which the numerous *signs reflexes* and *syndromes* might be referred to for their indications This then is the purpose of this book to meet such a need and its compilation represents a great step in making available for the first time a means whereby more systematic diagnoses may be possible

The next problem presented was unforeseen in its magnitude it was found that there were varied opinions as to the indications of many signs and reflexes This necessitated the attempt to trace all conflicting opinions In doing this it was found that the main cause of disagreement came from observers using a common name for *unlike* signs and reflexes This brought up the necessity of tracing and segregating them further in order to determine indications by the signs and reflexes themselves rather than by their names As a result this compilation represents the

first standardization of indications as presented by the various diagnostic signs reflexes, and syndromes, and the *first* standardization of what constitutes them

The third great problem was somewhat simpler after having solved the preceding one After segregating and classifying the signs and reflexes according to their indications and constituents it was found that frequently several or many names were given to the same sign or reflex This further explains the confusion resulting in the minds of the members of the profession when a condition is described by name rather than by characteristics In addition, there are many signs and reflexes especially eponymic which the profession has referred to by name and number instead of by name alone Among these it was found that what one observer would refer to for example as Bechterew s # 5 another observer would refer to as Bechterew s # 2 and still another observer might call it Bechterew s # 1 # 3 or # 4 Obviously it was necessary that names and numbers be standardized, for only through standardization can confusion be eliminated and the value of names be asserted and made serviceable

The value of names for anything depends upon their brevity By referring to a disease by name the profession eliminates the necessity of describing the disease, when measles scarlet fever, smallpox etc are mentioned the profession as a whole has a common picture of the condition without further detailed description The names that have been assigned to signs reflexes, and syndromes have been assigned to enable the pro

fession to recognize them as easily as they recognize diseases to enable them to have a common mental picture of or for what the name stands

This compilation by standardizing names numbers indications and constituents makes the value of names available to the profession It cannot be hoped, and it is not pretended that every known diagnostic sign reflex, and syndrome is included in this first edition though every effort has been made to include them

The arrangement of the material in this compilation has been planned with one thought foremost to make the information as accessible as possible A few words explaining the arrangement should facilitate use of the book

All items are listed in alphabetical order with sub items in alphabetical or numerical order or both The items include not only signs reflexes and syndromes but also conditions and diseases and many structures and organs Under their own heading the signs reflexes and syndromes are described with their indications and occurrence given Under the names of the various conditions diseases parts and organs there are listed the signs reflexes and syndromes pertaining to them

If a condition or disease is suspected reference to it or to the parts or organs it affects will give the signs reflexes and syndromes that the observer may check On the other hand if a sign reflex or syndrome is observed reference to it will give its indications and the conditions in which it may occur

The tasl has been a tremendous one, comparable to the *first* attempt that was ever made at compilation of a dictionary for there was no previous work to follow in pattern material or standardization It has meant months of long hours of diligent and conscientious research The publishers feel the authors have made an original and valuable contribution to the medical profession

PREFACE TO SECOND EDITION

In the preparation of this edition a number of additions has been made but very few emendations The authors are still of the opinion that the arrangement of the work makes an index unnecessary Syndromes are often eponymic as are many signs and reflexes in which case the name will be found alphabetically arranged If the name be unknown or forgotten a reference to system as bones and joints lymphatic nervous and mental lungs pericardium etc or to disease as infectious disease or appendicitis or to the specialty as pediatrics dermatology, ophthalmology obstetrics etc or even to an organ as the thyroid will serve to lead one to the object sought This necessarily invites some repetition but that in turn facilitates more ready reference

May we appeal once again for criticism and advice We shall appreciate sincerely any suggestions directed toward an improvement in our work especially for references to any sign syndrome or reflex we may have omitted We wish to add our appreciation of the earnest cooperation of Miss Janet Hartman Miss Lillian Campbell and Miss Hilda McBlain in the preparation of the second edition

William Egbert Robertson
Harold F Robertson

PREFACE TO FIRST EDITION

This book was designed to serve the practicing physician as well as the medical student Physical signs, reflexes and syndromes often prove of value in the making of a diagnosis This is generally accepted but many are relatively useless because of their inaccessibility or because they are not conveniently associated and classified This is what we have attempted to do Descriptive eponymic or by system we have gathered them from many sources general medical surgical specialties from personal correspondence and from dictionaries and from the *Journal of the American Medical Association* In the case of some of the better known signs and reflexes we have made brief reference to the originator but this would be impossible in most instances for the source is quite unknown It is probable that we have omitted many in the maze which presented The authors would be grateful for further data or for corrections when it can be revealed that we have erred

In these days of highly specialized and mechanistic medicine we feel nonetheless that a careful study of physical signs and reflexes will prove of value and that a syndrome may furnish a clue and serve to lead us back to the more intimate study of the patient at

the bedside We do not question the tremendous value of the laboratory to medicine Our sole aim is to invite a keener appreciation of the potentialities close at hand and available to the physician or interne who chooses to apply them

A new book is necessarily the accumulated and sifted experience of many including the authors own experience So too is the present work although new in principle for no similar source book is known to the authors Feeling the need for a book which would aid and direct in the wider use of signs and reflexes and recognizing the importance of syndromes as a guide to diagnosis it was undertaken in an attempt to render a service to the undergraduate the practising physician and even to the nurse, upon whom increasing demands are being made in the course of her hospital training Hitherto in the absence of a standard, confusion existed in the literature in referring to a particular sign or reflex by number This seems necessary in those instances in which several signs or reflexes have been contributed by a single observer, as in the case of von Bechterew or Babinski for instance If we have contributed to a standardization and to a readily accessible source of information of practical clinical value the effort will not have been in vain

The authors wish to take this opportunity of thanking their friends and colleagues who have aided in the compilation of this material To Dr N W Winkelman who has furnished us with valuable source information also Drs R L Drake Harry P Schenk, Francis H Adler J Milton Griscom W G Spiller,

Chas H Frazier and to our secretaries Marian Baldwin, Lillian Campbell Helen Dunn and Dorothy Bright for their untiring patience and devotion

WM EGBERT ROBERTSON, M D
HAROLD F ROBERTSON M D

A

Aaron Epigastric or precordial pain or distress on pressure over McBurney s point.

Abadie

1 A sign in exophthalmic goiter consisting of spasm of levator palpebrae superioris muscle

2 A sign in locomotor ataxia consisting of insensibility to pressure over the tendon of Achilles

abdominal ascites

Landou s sign In abdominal ascites in the female even though slight the uterus cannot be palpated bimanually (Authors' Note—It must not be forgotten that excess adipose offers a similar impediment)

abdominal cavity diseases of

Mannaberg s sign In diseases of the abdominal cavity especially appendicitis the sign consists of an accentuation of the second sound of the heart

abdominal reflexes These consist of muscular contractions induced on one or the other side of the abdomen by friction practiced on the corresponding side Their presence is indicative of intact anterior branches of the spinal cord from the eighth to the twelfth dorsal They are absent in pregnancy and especially after multiple pregnancies and necessarily absent in cord lesions Also absent in hemiplegia and multiple sclerosis

1 Pertaining to hemiplegia. This reflex furnishes diagnostic value in hemiplegia then being absent on the side opposite to the lesion in transverse myelitis above the sixth dorsal in disseminated sclerosis and sometimes in cord tumors

2 Pertaining to pregnancy With the advance of pregnancy toward term, the reflex normally present in the nulliparous progressively fails when the abdominal wall is irritated by friction After pregnancy especially in the multipara this reflex cannot be elicited

3 Pertaining to intestinal inflammation The absence of an abdominal reflex in this condition is known as *Rosenbach s sign # 1*

abdominocardiac reflex

1 Increased heart consciousness such as palpitation or even arrhythmia when for any reason the abdominal sympathetics are stimulated as in gallbladder disease and gastric and duodenal ulcer abdominal aneurysm, or tumors In the visceroptotic and neurocirculatory asthenic especially, increased heart consciousness and even syncope may follow a sudden change from the recumbent to the erect posture and when the erect posture is assumed for some considerable time (See Livierato s sign which is a vasoconstriction following irritation of the abdominal sympathetics) Palpitation and cardiac acceleration from change of posture is likewise known as Prevel s sign

2 In the visceroptotic both cardiac and vasomotor phenomena may follow sudden change of position from recumbency to standing posture Even syncope in marked cases In gallbladder disease and in gastric and duodenal ulcers visceromotor and viscerosensory reflex phenomena may be developed, especially in the acute phases Reflex abdominal pain tension of the abdominal wall increase or slowing of cardiac rate even arrhythmia palpitation heart consciousness and vasomotor phenomena may occur

Abraham An impaired note from dull to flat developing on percussion over the acromion process in early tuberculosis involving the apex of one or other lung

Abrams cardiac reflex See *cardiac reflex*

Abrams pulmonary reflex A reflex contraction of the lung induced by sudden mechanical stimulation of the thoracic wall.

abrasion skin

Nikolsky s sign This sign characterizes any condition in which the outer layer of the skin is readily abraded by slight injury

abscess cerebral

Roser Braun s sign This sign consists of absence of pulsation of the dura when a tumor or abscess of the cerebrum exists

abscess brain For details see *pulse rate sign in frontal lobe abscess*

abscess frontal lobe See *pulse rate sign*

abscess subdiaphragmatic

Furbringer s sign In subdiaphragmatic absce s when a needle is inserted the movements of respiration will be transmitted to the needle This is not true in a case of an abscess above the diaphragm hence a distinguishing feature

accommodation reflex This is the normal dilation and contraction of the pupil for far and near objects It is progressively weakened and may be lost in the presbyopic and development of cataract but is persistent in the Argyll Robertson sign of tabes.

Achard Thiers syndrome Where the *adrenogenital syndrome* has the further symptom complex of obesity glycosuria, and decreased sugar tolerance hypertension, amenorrhea and facial hypertrichosis of the male type, but without other signs of virilism it is known as the Achard Thiers syndrome or the *diabetes of bearded women syndrome*

Achilles tendon reflex Normally a sharp blow upon the tendon of Achilles produces plantar flexion of the foot with contraction of the calf muscles This is absent upon the affected side in sciatica.

acidosis diabetic

Kussmaul s sign # 3 In diabetic acidosis the coma and air hunger The characteristic of the dyspnea or air hunger is that the respiratory excursions are extremely deep but not necessarily increased in frequency Hence hyperpnea.

acroasphyxia

Raynaud s sign It is an early sign of Paynaud s disease It may be unilateral but is more often symmetrical and o curs especially in Raynaud s disease It consists of pallor and coldness of the fingers and toes particularly after exposure to cold and alternates with heat and redness (Authors Note— This state is more often the direct result of exposure to cold unlike a similar condition which may develop in thrombo angutis obliterans in which the toes and even the entire foot usually unilateral may be involved rather from posture than from temperature changes In erythromelalgia which consists of pain and redness of the toes and foot posture increases the pain and redness but the e are aggravated by heat and relieved by cold and there is no tendency to gangrene which may occur in Raynand s disease and frequently does so in thromboangutis

acroasphyxia Raynaud s sign (*continued*) obliterans As is also the case in senile arteriosclerotic gan grene in which progressive pallor and coldness are the domi nant features Weir Mitchell first described erythromelalgia Am J Med Sc July 1878 Buerger described thromboangiitis obliterans since which time it has been called Buerger s disease)

acromegaly See *Marie s syndrome*

acromial reflex Is produced by making a quick short blow upon the acromion or coracoid proc ss The reflex phenomenon con sists of more or less flexion of the forearm with internal rota tion of the hand Thus may be elicited in hyperkinetic states as in tetany and sometimes in disseminated or lateral sclerosis

act reflex Essentially an involuntary reflex act which immedi ately follows upon any particular stimulus These may be regarded as defensive in nature when for instance a painful stimulus is applied or when the eyelids close suddenly upon the approach of a foreign body

acute ascending paralysis syndrome Same as *Landry s syn drome* which see

acute cerebral leptomeningitis See under *leptomeningitis*

Adams Stokes syndrome This is characterized by bradycardia and intermittent attacks of convulsive seizures with loss of consciousness and during these periods of variable length the patient remains pulseless Observed originally and inde pendently by Adams and Stokes Some years later it was found to result from organic obstruction of the main bundle of His

Addisonian syndrome This is characterized by bronzelike skin pigmentation and oftentimes pigmentation of the mucosa of the mouth severe prostration progressive anemia low blood pressure diarrhea and digestive disturbance This syndrome occurs in Addison s disease as a result of involvement of the adrenal cortex frequently tuberculous sometimes atrophic In more recent years various observers have noted progressive diminution of blood volume disturbance of sodium chloride potassium ratio in the blood more or less disturbance of car bohydrate balance and a low basal rate

adductor reflex Jichet and Netter *point out that of all the* physical signs of appendicitis the most evident is contraction

adductor reflex *(continued)*

According to the cases it is located solely or chiefly in the right iliac fossa in the lumboiliac space above the crural arch under the liver sometimes on the left side sometimes generalized Occasionally it is the psoas that is contracted But whatever may be the severity of the appendicitis there often exists the contraction of the adductors of the right thigh which is easily made evident. The patient is lying on the back with the mouth open thighs half flexed heels flat on the bed and knees touching the muscular relaxation must be complete Placing a hand or better a finger on the internal edge of each knee one exerts a pressure directed from within outward tending to separate the knees one from the other and to press them down with their external surface on the bed as if one attempted the limitation of the adduction in a beginning coxalgia It is necessary to use a mild pressure constantly and equally on the two sides. This maneuver is not painful. Exceptionally it is possible to detect an intense contraction of the adductors of the right thigh the member remaining in an almost vertical plane while the left knee is easily pressed outward Nearly always there is a slight contraction a simple hypertonia, the adduction being less marked on the right than on the left at the same time there is a sensation of an opposing resistance of the member which one feels better in repeating the maneuver once or twice but always with lightness. If the manipulation is made with force the result is always negative One of the authors has systematically searched for this sign and has detected it in about 40 per cent of the cases of appendicitis The hypertonia of the adductors of the right thigh is especially frequent in the acute forms of appendicitis It is found with equal frequency in adults and in children. The sign has symptomatologic value because systematic search for it in other disorders on the right side of the abdomen never revealed it In doubtful cases it has often made it possible for the authors to decide the diagnosis in favor of appendicitis In attempting to explain the sign the authors direct attention to the motor innervation of the adductors

adenoids

Gaye s sign In marked adenoids with or without large tonsils in children especially and in chronic obstructive catarrh of the nose and nasopharynx, a condition known as aprosexia

adenoids Guye s sign (*continued*)
develops This implies an inability to fix the attention (Authors Note—This is often accompanied by a marked change in facial expression rather immobile and stupid sometimes accompanied by drooling or slobbering Perhaps the accompanying deafness may be a contributing factor)

adenopathy of the exanthemata of childhood
Vipond s sign Which is the widespread adenopathy seen in children during the incubation period of the exanthemata.

adenopathy tracheobronchial
Cataneo s sign This is to be suspected when heavy percussion over the spinous processes of the dorsal vertebrae causes red areas to appear directly over the processes percussed

Adie s syndrome This is characterized by a pathological pupil reaction of myotonia on accommodation slower contraction and dilation of the pupil on the affected side and failure to react normally to direct or indirect light The reaction may be abnormal or subnormal The reflexes may or may not be absent

Adie s original communication was entitled ' Tonic Pupils and Absent Tendon Reflexes a Benign Disorder Sui Generis Its Complete and Incomplete Forms ' (1932) He classifies the syndrome as follows

(1) The complete form Typical tonic pupil and absence of reflexes
(2) Incomplete forms
  (a) Tonic pupil alone
  (b) Atypical phase of the tonic pupil alone (iridoplegia) internal ophthalmoplegia a term introduced by Jonathan Hutchinson in 1878
  (c) Atypical phases of the tonic pupil with absent reflexes
  (d) Absent reflexes alone

When unilateral the tonic pupil is usually the larger

This syndrome is most frequently met with in young women in the absence of syphilis congenital or acquired

adiposogenital syndrome A name sometimes applied to adiposogenital dystrophy of Frohlich Also known as dystrophia adiposogenitalis

adrenal gland — congenital sarcoma of liver and suprarenal gland See *Pepper s syndrome*

adrenal syndrome See *Waterhouse Friderichsen syndrome*

adrenogenital syndrome *This has been defined as the condition* in which secondary male sex characteristics appear in the female associated with a retrogression of the primary and secondary feminine sex characteristics and their functions The clinical syndrome is produced by pathological changes hyperplasia adenoma or malignancy of the adrenal gland The effects of the lesion will vary according to the maturity of the patient at the onset of the adrenal cortical disorder The type of pathology and maturity of the patient determine the rapidity of the appearance Malignant forms are usually rapidly fatal.

This rests in part upon a pathologic endocrinologic basis and is in part biochemical The syndrome is far more common in females than in males consisting essentially of gradual suppression of female characteristics and function and their replacement by secondary male sex characteristics adrenal virilism The younger the individual the more marked is the masculinization Pseudohermaphroditism may be an expression of a prenatal lesion If the onset occurs before puberty though precocious maturity may be manifest (large labia majora and clitoris hirsutism possible breast growth and appearance of menses) masculinization is definitely less than at an earlier developmental period Still later in life when the syndrome occurs it is often less striking The salient features are change in voice failure or regression of breast development hirsutism body contour disappearance of menses with or without enlargement of the clitoris Hirsutism may be the dominant phenomenon In young males the syndrome is characterized by precocious sexual maturity with or without obesity with hirsutism and genital enlargement It is rare in the adult male In them there is lessened virilism the breasts enlarge the genitals become small and the trend is toward feminization Acne in both sexes is a very frequent concomitant and hypertension osteoporosis and diabetes are also commonly observed Authors Note—It must not be forgotten that arrhenoblastomas ovarian tumors may give rise to a very similar syndrome There is apt to be a striking similarity between the adrenogenital syndrome of adult life and *Cushing s syndrome*—pituitary basophilic adenoma. In fact it may not be possible to differentiate clinically in some cases It is to be noted too that many years ago Hastings Gilford described a *condition which he called progeria* in

adrenogenital syndrome (*continued*)
which the seven ages of man may be run in a single span of one decade

adynamic fevers
Corrigan s sign # 2 In adynamic fevers the shallow and frequent blowing type of respiration

Ahlfeld Tetanic spasms of portions of the uterus irregular in occurrence developing after the third month of pregnancy

air cushion sign of Klemm Occurring in appendicitis For complete description see under *appendicitis*

akinesia algera syndrome Same as *Mobius syndrome* which see

albumino reaction
Lesieur Privey sign In pulmonary inflammation, the condition may be suspected when a positive reaction for albumin is found in the sputum

alcoholism
Quinquad s sign Consists of a tremor felt by the examiner when the patient places his fingers spread apart, upon the hands of the examiner

Allis In fracture of the neck of the femur the fascia relaxes between the crest of the ilium and the greater trochanter

allochiria
Described both by **Bamberger** and **Obersteiner** A condition in which sensation induced in one extremity is referred to the opposite side

alopecia
Tommasi s sign On the posteroexternal portion of the legs. This occurs almost solely in adult males of gouty diathesis

amaurotic family idiocy
Tay s sign Known as the "cherry red spot The sign consists of a red spot occurring bilaterally on the retina in the region of the macula (Authors Note—Amaurotic family idiocy is also known as Tay Sachs disease after Warren Tay and Bernard Sachs New York neurologists)

anal reflex Normally irritation of the skin about the anus produces contraction of the anal sphincter It is to be noted that in lesions of the posterior columns of the cord as in tabes and sometimes as in advanc d pernicious anemia not only is the anal reflex lost but painless dilation of the anal sphincter is possible even to a considerable extent Conversely in anal fis

anal reflex *(continued)*
sures and often when crypts exist especially when inflamed the anal reflex is exaggerated and the sphincter painfully spastic

Andral s sign

\# 1 Any special po ition assumed in recumbency, or the more recumbent position

\# 2 A bedsore

\# 3 The po ition a umed by a patient in the early stage of pleurisy when he elects to lie on the affected side

Andre-Thomas sign Known also as the *springlike phenomenon* It occurs in cerebellar disease and consists of a rebound When the finger to nose test is being made the patient will touch his nose several times and when asked to raise the arm above the head and suddenly told to let it drop upon the head it will rebound

anemia In any of the severe anemias and e pecially in splenomyelogenous leukemia tenderness upon striking over the sternum and long bones is a frequent finding

anesthesia hysterical See *hysterical*.

anesthesia

chin retraction sign This sign described by J N Human was observed by him in more than half of 600 patients he observed to the third stage of anesthesia. The sign is that of a downward movement of the larynx and chin during inspiration The depressor muscles of the chin always become more tense even when the chin fails to move This tension of the muscles below the chin can be felt by the anesthetist s fingers as he anesthetizes the patient and it begins when the corneal reflex disappears (the pupils begin to dilate and eye ball movements cease) This sign is always more pronounced when a closed system of anesthesia with rebreathing is employed and it occurs whether ether chloroform or nitrous oxide is the anesthetic It is probably explained by the downward movement of the diaphragm and the downward movement of the lungs also carrying downward the trachea and the larynx with their attachments

Mayo s sign In profound ane thesia the complete relaxation of the muscles controlling the lower jaw

anesthesia deep and general

Wood s sign This sign consists of divergent strabismus fixation of the eyeballs and bilateral relaxation of the orbicularis muscles

aneurysm of abdominal aorta

Babes sign Tenderness and muscular rigidity over the region of the splenic artery

Corrigan s sign # 4 In aneurysm of the abdominal aorta an expansile pulsation

aneurysm of aorta

Gerhardt s sign # 1 In aneurysm of the aorta, the absence of the movement of the larynx in dyspnea

Hall s sign In aneurysm of the aorta a diastolic shock felt on palpating the trachea

Hope s sign In aortic aneurysm a double heart beat

Sabathie s sign of aortic disease Gonzales Sabathie describes this sign as occurring in (1) arterial hypertension with pathologic changes in the aorta (2) any form of aortitis (3) aortic sclerosis (4) aortic aneurysm The sign consists of more or less stasis and dilation of one or both external jugular veins It becomes more pronounced upon deep inspiration and especially when the patient is in the dorsal recumbent position and the head is turned to one or other side This sign in the majority of patients is associated with increased venous pressure and decreased velocity of the blood

aneurysm of aorta latent

Glasgow s sign In aortic aneurysms which are otherwise latent a systolic sound may be heard in the brachial artery

aneurysm of the aortic arch

Dorendorf s sign The prominence of the supraclavicular groove on one side as compared with the other

Perez sign In aneurysm of the aortic arch and in mediastinal tumors a friction sound may be heard on ausculting over the sternum while the patient raises and lowers his arms

aneurysm of aortic arch as well as dilation

Cardarelli s sign Transverse pulsation of the larynx and trachea Known also as *Castellini s sign*

aneurysm of auricle left

Broadbent s inverted sign Described by Lorenzo This consists of a pulsation localized to the lateral and posterior

aneurysm of auricle left ***Broadbent s Inverted sign (cont d)*** wall of the thorax occurring synchronously with the systole of the ventricle Lorenzo believes that the dilated auricle by pressure on the lung produces more or less atelectasis and that the lung transmits the pulsations which become both visible and palpable The simultaneous pulsation of both the auri le and ventricle was due in Lorenzo s case to the coexi tence of mitral insufficiency He believes the orthodiagram of more importance than the teleroentgenogram because it reveals the double arch of simultaneous pulsation

aneurysm of an extremity

Quenu Moret s sign This sign is employed in aneurysm with a view to determine whether collateral circulation has been established in the ca_e of any one of the extremities The main artery of the involved limb is compressed If blood flows from a puncture made at the periphery it is regarded as evidence that collateral circulation exists

aneurysm of main artery of a limb

Delbet s sign In aneurysm of the main artery of a limb although pulsation may have disappeared the collateral circulation suffices if the nutrition of the part distal to the aneurysm is maintained

aneurysm of thoracic aorta

Bozzolo s sign In aneurysm of the thoracic aorta the arteries within the nares pulsate visibly

Drummond s sign In aortic aneurysm a short aspirate sound or whiff may be heard when the patient s mouth is open during respiration.

Oliver s sign *Tracheal tug objective sign* or *physical sign* so named because the sign is one which can be seen felt, or heard by the examiner Met with in some cases of aneurysm of the upper portion of the thoracic aorta, especially of the saccular type met with in syphilis

Sansom s sign # 2 In aneurysm of the thoracic aorta when a stethoscope is placed to the lips a rhythmical murmur may be heard

Angelescu Inability to bend the spine when lying on the back. Unable to flex the spine so as to rest on head and heels Occurs in tuberculosis of the vertebrae

Angelucci s syndrome This is characterized by palpitation excitable temperament and vasomotor disturbance

angina pectoris

Baume s sign Retrosternal pain is an indication of this condition Sternalgia

anisocoria

Baillarger s sign The inequality of the pupils occurring in general paresis

ankle clonus reflex This occurs in lateral tract disease and in disseminated scl rosis and as a rule in association with patella clonus It consists of rapid contractions and relaxations a succession of rapid movements when the foot is pressed dor sally Both ankle and patella clonus po sess the same signifi cance

anomalies congenital See *Klippel Feil syndrome*

anterior arch inflammation

Strunsky s sign When the examiner grasps a patient s toes and suddenly flexes them no pain results if the foot is normal but pain occurs when there is inflammation of the anterior arch

anterior cornual syndrome This is characterized by muscular atrophy indicating lesions of the anterior cornua of the spinal column

anterior metatarsal arch See *Morton s syndrome*

anterior pharyngeal pillar sign of syphilis This has been stressed by Biederman though observed by others It is par ticularly suggestive of latent syphilis in 69 1 per cent or 469 syphilitic patients It must not be confused with the syph ilitic enanthem in the secondary phase which may be confined to the anterior pillars but is usually more widespread on the mucous membrane of mouth and pharynx In the latent cases the anterior pillars assume a rather dark dusky red color sugg sting congestion which begins at the bases of the pil lars and extends upwards

anterior poliomyelitis spine sign in At the time of meningeal involvement The knee jerks are usually active and there is slight rigidity of the neck Patient will rise from bed by pushing himself up with his hands holding the back stiff When asked to put his head in his lap he cannot do so and complains of pain along the spine when the attempt is made C George Draper refers to the dromedary type J A M A

anterior poliomyelitis spine sign in *(continued)*
68 1153 1917 By this he means the two periods, first period being characterized by temperature drowsiness irritability but no meningeal phenomena. Then there is an interval of one to five days during which the child seems well Fever returns without the spine sign. Tremor recurs with the developing meningeal phenomena.

anterior spinal artery syndrome See *Medulla s syndrome*

anterior tibial sign In spastic paraplegia when the thigh is flexed with force upon the abdomen there is involuntary extension of the tibialis anticus muscle

anterolateral syndrome This is a parietospasmodic condition in which the contractures and tremors indicate lesions of the anterolateral portions of the spinal cord

anticus reflex or sign

Piotrowski's sign Percussion of the tibialis anticus muscle induces dorsal flexion and supination of the foot. When the response is very pronounced it indicates di ease of the cen tral nervous system.

antrum of Highmore See *Burger s* and *Garel s s gn*

aorta abdominal aneurysm of See under *aneurysm*

aorta aneurysm of See under *aneurysm*

aorta arch aneurysm of See under *aneurysm*

aorta arch aneurysm as well as dilation of See under *aneurysm.*

aorta dilation of

Potain s sign # 1 In dilation of the aorta as in a well developed aortitis the percu sion dullness over the arch of the aorta is spread out from the manubrium to the third co tal cartilage on the right side

Potain s sign # 2 The so called Tambre metallique or bruit de Tabourka. On auscultation over an aortitis the sign con sists of a loud aortic second sound having a peculiar bell like or metallic quality The name Tabourka comes from that of an Arabian drum the sound having a parchmentlike quality

aorta disease of For details refer to *Sabathie s sign*

aorta insufficiency of functional See *Loewenberg s sign*

aorta latent aneurysm of See under *aneurysm*

aorta murmurs of

Riesman s sign # 4 Clavicular auscultation Using a diaphragm type of stethoscope over the clavicle an aortic murmur when transmissible will be heard along the length of the bone thus avoiding a murmur created by pressure upon the artery So too this method may detect an accentuated aortic second sound

aorta sign in long standing syphilis See *Robertson W F sign # 6*

aorta thoracic aneurysm of See under *an urysm*

aortic insufficiency See *aortic regurgitation*

aortic regurgitation

Corrigan s sign # 1 A sign of aortic regurgitation also called *water hammer pulse* A rapid filling followed by rapid emptying

de Musset s sign This is classically a sign of aortic insufficiency but is seen occasionally in cases of aortic aneurysm It consists of jerking movements of the head synchronous with the heart action It was named after Louis Charles Alfred de Musset a French poet who died as a result of aortic insufficiency (1810 1857) It was named by Delpeuch

Duroziez s sign or murmur In aortic regurgitation a systolic and diastolic murmur is heard over the femoral artery Variations in pressure by the stethoscope modify the quality and strength of the double murmur

Flint s sign or murmur In aortic regurgitation a presystolic murmur may be heard at the cardiac apical area (Authors Note—Differing from uncomplicated mitral stenosis in which the apical impulse is little if at all displaced to the left the Austin Flint murmur and the apical impulse occur downwards and to the left in consequence of the characteristic left ventricular hypertrophy occurring in aortic regurgitation When the auricles yield in mitral obstruction the heart then assumes an increasingly oblique position the so called Sir Isambard Owen position and necessarily then the presystolic murmur is displaced to the left Further in aortic regurgitation the characteristic *Corrigan pulse Quincke capillary pulse Duro ie s sign* and as a rule but one sound in the vessels of the neck in differentiation)

aortic regurgitation (*continued*)

Landolfi s sign In aortic regurgitation the pupil may con tract in systole and dilate in diastole (Authors' Note—A similar phenomenon may be seen in some cases of *Cheyne Stokes respiration* This must not be mistaken for hippus)

Muller s sign In aortic insufficiency the pulsation of the uvula and the systolic and diastolic flushing and paling of the tonsils and velum palatae which occur synchronously with the heart action.

Quincke s sign A capillary pulse which occurs in the finger nails The blanching phase occurs during diastole of the heart. See Authors Note under *Quincke*

Traube s sign In aortic regurgitation the sign consists of a faint double sound heard when auscultation is practiced over *the femoral arteries (Authors Note—These sounds are not* to be confused with the so called pistol shot ' heard during systole over the femoral or in the antecubital space nor with Duroziez s sign) See under *Traube*

aortitis See *Potain s sign # 2*

Apert s syndrome This is characterized by a congenital mal formation consisting of pointed shape to the top of the head and syndactylia of the four extremities Known also as acro cephalosyndactilia and acrosphenosyndactilia.

apex beat

Paul s sign Present in pericarditis with adhesions This sign consists of a feeble or absent apex beat with a forcible impulse over the remainder of the heart area

aphasia In some forms of aphasia a patient involuntarily repeats the last word or two of a sentence This is called *echolalia* A somewhat similar condition oc urs when a person in a state of hypnosis repeats without meaning the words he hears This is called *echolalus*

appendiceal reflex In acute inflammatory conditions of the appendix McBurney s point of tenderness with more or less rigidity and in the most exalted cases hyperesthesia is essen tially a reflex expression by way of the sympathetic cerebro spinal arc It will be noted that dilation of the pupil accom panies this reflex. This abdominal area of tenderness is usually referred to as McBurney s sign

appendicitis The following signs of appendicitis appeared in Queries and Minor Notes of the J A M A July 1 1935

appendicitis (*continued*)
Vol 105 No 2 and in a later issue in Letters to the Editor as written by Richard B Stout M D

LOCAL SIGNS OF INFLAMMATION

Inspection

1 A tender swelling or tumor in the right lower quadrant due to either gaseous distention thickening of the bowel or abscess
2 *Pr ewalsky s sign* A swelling above Poupart's ligament composed of glands around the circumflex artery
3 Restriction of the abdominal respiratory movements espe cially on the right side due to reflex tenderness of the muscles
4 Flexion of the right thigh Marcus explained that it was due to an inflamed appendix overlying the psoas muscle Rutherford Morrison believed it was due to a retro cecal appendix abscess with inflammation extending into the psoas sheath.

Palpation

1 *Cutaneous hyperesthesia*
   a. *Hyperesthesia and hyperalgesia* These may be elicited by lightly stroking the skin over the region of the appendix with the forefinger or a pin and by pinch ing it It is of value if positive and is especially striking if the appendix is close to the abdominal wall and distended It is usually negative when the appendix is deeply placed in the abdomen or lying in the pelvis Its absence may denote gangrene in an initial appendicitis
   b *Livingston s sensitive triangle* There may be localized hyperesthesia in a triangle bounded by a line from the umbilicus to the highest point on the crest of the ilium below by a line from the latter point to the spine of the right pubis and medially by a line from this point to the umbilicus Sensitive skin reactions obtained by pinching between the finger and the thumb whose greatest intensity is at the center of the triangle are for and if outside the triangle are against appendicitis

appendicitis *(continued)*

2 *Superficial tenderness*

a. *Blumberg s sign* This consists of deep momentary pressure over McBurney s point with sudden release of pressure producing sharp pain This is a sign of peritoneal inflammation

3 *Deep tenderness* This varies with the location of the appendix. It is usually nearer the base than the tip

a. *McBurney s sign* The greatest pain or maximum tenderness as determined by the pressure of one finger is between 1¼ and 2 inches from the anterior superior spine of the ilium on a straight line drawn to the umbilicus

b *Clado s point* The maximum tenderness is where the interspinous line crosses the right rectus margin.

c. *Lan s point* The junction of the right and the middle thirds of a line drawn between the two anterior superior spines

d *Lotheissen s point* The maximum tenderness is two inches or two fingerbreadths downward from McBurney s point and at right angles to the spinoumbilical line

e *Morris point* Tenderness at a point on the spinoumbilical line just at the outer edge of the rectus muscle

f *Aaron s sign* Referred pain or tenderness in the epigastrium umbilical region left hypochondrium and precordial or left inguinal region induced by continuous pressure over McBurney s point and pyloric spasm which may be observed under the fluoroscope

4 *Tenderness elicited by rectal palpation*

a. *Wachenheim* and *Peder s sign* There is pain or tenderness in the right iliac fossa over the ileocecal area on rectal palpation with the finger tip directed upward and to the right in the absence of an abscess

5 *Tenderness over the appendix produced by pressure elsewhere*

a *Rovsing s sign* There is pain over McBurney's point on palpating or massaging the descending colon It is explained as producing increased air pressure within the cecum or reflex peristaltic action orig

appendicitis (*continued*)

inating at the distance and proceeding directly to the appendix.

b *Chase s sign* Similar to the Rovsing sign but elicited by pressure on the transverse colon.

c *Bastedo s sign* Pain over McBurney s point produced by inflating the colon with air by rectum and subsidence of pain when the air is released The degree of pressure required can be measured by a manometer

d *Soresi s sign* With the patient in the supine position with the thighs flexed one presses on the hepatic flexure of the colon and has the patient cough Pain over McBurney s point in appendicitis is due to the pressure of gas downward in the ascending colon

Percussion

1 *Gregory s sign* Percussion of the left half of the abdomen corresponding to McBurney s point produces pain over the appendix usually at McBurney s point Percussion over the descending colon is less likely to produce it Similar to Rovsing s sign.

2 *Murphy s piano percussion* is used to demonstrate a small quantity of fluid or exudate in the abdominal cavity resting on the hollow viscera The right lower quadrant of the abdominal wall is struck by the four fingers one after the other beginning with the fourth. There is absence of the tympanitic note obtained by ordinary percussion

3 *Klemm s air cushion* Local tympany in the right lower quadrant which corresponds to the gaseous distention of the cecum and ascending colon often observed in roentgenograms in chronic appendicitis

MUSCLE TENDERNESS OR TENDERNESS ELICITED BY CHANGE OF POSTURE

1 *Ott s sign* When the patient is on his left side there is a feeling of distress and of a painful dragging sensation as if a heavy body in the abdomen had fallen to the left sometimes referred to as the 'mesenteric pull

2 *Tressder s sign* The prone position allows the cecum to fall away from the inflamed appendix and gives relief from pain

appendicitis *(continued)*

3 *Sattler's sign* In the sitting position the patient raises the extended right leg (with aid if necessary) while the assistant supports the back The cecum is then pressed between the abdominal wall and the psoas muscle In appendicitis a sharp pain is felt at the junction of the right and the middle thirds of a line uniting the iliac spines

4 *Drosin s four postures*

a. *Supine* A sudden push to the right of a line one half way between the umbilicus and the ensiform process at the end of expiration if positive means adhesions

b *Sim s position* With the patient on the right side the cecum and the appendix are brought upward under pressure by palpation

c *Supine* The right leg supported at the knee and the left extended bring the appendix and the cecum upward increasing tenderness and rigidity

d When the abdomen is relaxed between expiration and inspiration bimanual pressure over both sides of the abdomen will give differentiation

5 *Obturator test* The right thigh is rotated internally at the hip joint and the inflamed muscle is put on the stretch

6 *Cope s sign* The psoas muscle is stretched by extending the thigh The two latter tests depend on the proximity of the appendix and the presence of peritonitis

7 *Femoral test (Cope)* This is elicited by compression of the femoral artery in Scarpa s triangle on the right side thus producing pain by increase of tension at the level of the pelvic brim the test may be of value if the appendix is lying at that site or if tender iliac glands exist

REFERRED PAIN AND PAIN OR TENDERNESS DUE TO HYPERSENSITIVE NERVES

1 *Gray s sign* If one presses with the point of the finger about 1½ inches below and to the left of the umbilicus one can frequently elicit tenderness there Occasionally at the tender spot there seems to be a small aperture in the rectus sheath which may correspond to a terminal branch of the eleventh dorsal nerve Pressure is made

appendicitis (*continued*)
over the appendix and then it is repeated on the left side when the pain is found to be absent or lessened

2 *Morris s sign* Hypersensitiveness of the right group of lumbar ganglions is determined by making deep pres sure on the abdominal wall about 1½ inches to the right of the umbilicus and a little below that point It is not accompanied by a similar sensitiveness in the left group of lumbar ganglions

3 *Dubard s sign* Elicited by pressure over the right pneu mogastric nerve along its course in the neck

4 *Gray s shoulder sign* In three cases pain in the left shoulder was associated with chronic appendicitis re flexly through the phrenic nerve It disappeared after appendectomy

5 *Iliescu s sign* Pain from gentle pressure on the right phrenic nerve in the neck is positive in acute or latent appendicitis and disappears after ice is applied over the appendix It is ascribed to an ascending right sided lymphangitis irritating the phrenic nerve

6 *E V Mastin* observed pain referred to the clavicle in cases of acute appendicitis This might be reproduced at times by pressure over the appendix

7 *Horn s sign* Traction on the spermatic cord may cause severe pain in the right iliac region

ATROPHY OR DECREASE IN MUSCLE TONE

1 *Volkovitsch s sign* There is a localized atrophy and relaxation of the abdominal muscles over the appendix in chronic appendicitis in contrast to the increased rigidity in the acute form It is never decreased more than 1 5 degrees below that of the left side with Exner and Tandler s tonometer

2 *Pr ewalsky s sign* The right iliac muscle is atrophied from inflammation of the branches of the right crural nerve One may hold up the healthy leg two minutes but only 15 seconds on the affected side The leg is held out straight a few inches above the bed and the examiner s hand is removed

SUPPLEMENTARY

1 *Brittain s sign* (Ann Int Med) Retraction of the right testicle while moderate pressure is made over an in flamed appendix denotes gangrene of the appendix

appendicitis *(continued)*

- *Hyperextension of the right thigh with leg extended and patient lying on left side* This is a modification of Cope's extension test which combines with it the mesenteric pull sign of Ott
  - *Tap on heel* With the patient supine and the legs extended but relaxed a moderately vigorous tap on the patient's right heel will produce pain while a similar tap on the left heel does not
- 4 *Leukocytosis* The white count may be high, low or normal in any stage of appendicitis, contrary to the opinion held by many surgeons
  - *Temperature* This is as variable as leukocytosis and sometimes as misleading when given too much consideration
- (*Localization of tenderness by barium sulphate enema* This increases pain by increase of pressure within bowel and also allows palpation under fluoroscopic control

adductor reflex Which see

Baron's sign In suspected chronic appendicitis Baron found the right psoas muscle was frequently sensitive to pressure. The patient must be recumbent, relaxed and told to breathe deeply. The examiner's second, third and fourth fingers of the right hand are placed on Poupart's ligament and pressure is made in the direction of the psoas muscle. The patient is told then to elevate the leg of the same side with knee extended forming an angle at the hip of about 45 degrees. In this position the palpating fingers readily detect the psoas muscle thus made tense. Similar palpation should be made on both sides for purposes of comparison. Even in the healthy individual the tensed muscle may be sensitive but when the appendix is involved the tenderness is more marked on the right side. However, the psoas ... may be ... painful in the presence of ... muscle myalgias—in arthritis of the lumbar ... the ... lumbosacral and iliosacral joints and ... The sign therefore ... present any of the conditions named must be differentiated

Brudzinski's sign # 5 In appendicitis if pressure be made over the left iliac fossa in a direction toward the right pain develops in the right iliac fossa

appendicitis (*continued*)

contraction of adductors sign Richet and Netter point out that of all the physical signs of appendicitis the most evident is contraction According to the cases it is located solely or chiefly in the right iliac fossa in the lumboiliac space above the crural arch, under the liver sometimes on the left side sometimes generalized Occasionally it is the psoas that is contracted But whatever may be the severity of the appendicitis there often exists the contraction of the adductors of the right thigh which is easily made evident The patient is lying on the back with the mouth open thighs half flexed heels flat on the bed and knees touching the muscular relaxation must be complete Placing a hand or better a finger on the internal edge of each knee one exerts a pressure directed from within outward tending to separate the knees one from the other and to press them down with their external surface on the bed as if one attempted the limitation of the adduction in a beginning coxalgia. It is necessary to use a mild pressure constantly and equally on the two sides This maneuver is not painful Exceptionally it is possible to detect an intense contraction of the adductors of the right thigh the member remaining in an almost vertical plane while the left knee is easily pressed outward Nearly always there is a slight contraction a simple hypertonia the adduction being less marked on the right than on the left at the same time there is a sensation of an opposing resistance of the member which one feels better in repeating the maneuver once or twice but always with lightness If the manipulation is made with force the result is always negative One of the authors has systematically searched for this sign and has detected it in about 40 per cent of the cases of appendicitis The hypertonia of the adductors of the right thigh is especially frequent in the acute forms of appendicitis It is found with equal frequency in adults and in children The sign has symptomologic value because systematic search for it in other disorders on the right side of the abdomen never revealed it In doubtful cases it has often made it possible for the authors to decide the diagnosis in favor of an appendicitis In attempting to explain the sign the authors direct attention to the motor innervation of the adductors

This is also known as the adductor reflex and as Richet and Netter s sign

appendicitis (*continued*)

Donnelly s sign Dr Daniel Donnelly of Philadelphia has described a sign indicative of retrocecal appendicitis When the right leg is in full extension and abducted it causes the psoas muscle to be brought into prominence Pressure then made over the right inferior quadrant and especially in and just below McBurney s region elicits pain in proportion to the degree of inflammation in the appendix and its surroun lings

Mannaberg s sign Which see

McBurney s sign In appendicitis this may be regarded as the classical sign It consists of an area of ten lerness with more or le s plus tension at a point midway between the umbili cus and the anterior superior spine of the ilium According to Sir James MacKenzie this area represents the filaments of the last two dorsal nerves where they pierce the re tus muscle See reference under McBurney (Authors Note—The appendix is devoid of sensory nerves Pain results from afferent sympathetic stimuli irritation of the corresponding cord seg ments and completion of the arc through the efferent sensory motor pathway When the irritation is intense synaptic com munication to neighboring cord segments takes place with more widespread tenderness and tension and epigastric phe nomena with reflex vomiting Direct pain is only po sible when the appendix becomes attached to the anterior abdominal wall or when peritonitis results or both of these conditions exist When an appendix is retrocecal the same anatomic conditions pertain but tenderness will then be found in the lumbar region also as a result of spread of irritation to the parietes)

Meltzer s sign # 2 In appendicitis when the hip is actively flexed with the leg extended pain is produced when the exam iner presses firmly over McBurney s area

Reder s sign In appendicitis the sign consists of a tender point in the right lower abdominal quadrant above O Beirne s sphincter This sphincter was described by James O Beirne an Irish surgeon 1786 186_ and consists of a band at the junc tion of the colon and rectum

appendicitis acute ***appendiceal reflex*** Which see

Rovsing s sign This sign said to be almost as specific of appendicitis as McBurney s point is elicited by pressure over a corresponding area on the left side to that of McBur ney s region on the right Such pressure will then cause pain

appendicitis acute Rovsing s sign *(continued)*
at M Burney s point and is said to occur only in the presence of acute appendicitis

Sumner s sign When increase in tension of the abdominal muscles is found on superficial palpation of the right iliac fossa it is indicative of appendicitis stone in the ureter or an ovarian cyst with a twisted pedicle

Ten Horn s sign Acute appendicitis is to be suspected if moderate traction of the right spermatic cord causes pain

Widmer s sign The sign being an increase in axillary temperature on the right side as compared with the left

appendicitis chronic

Bassler s sign In this condition pain is elicited when the appendix is compressed between the thumb and iliacus muscle This sign is brought out by dipping the thumb into the abdominal wall at a point midway between the umbilicus and the anterior superior spine of the ilium at the same time exercising pressure outward

appendicitis chronic or latent

Bastedo s sign Pain or tenderness in the region of McBurney s point on inflation of the colon by air introduced through a rectal tube

appendicitis chronic recurrent

Wolkowitsch s sign In such a condition there will be marked relaxation of the abdominal muscles of the right side (Authors Note—In acute abdominal conditions wher the sympathetic cerebrospinal area is involved tension tenderness and often hyperesthesia are present When the condition persists over a period of some time the hyperesthesia disappears tenderness is slight or absent and muscle tension is replaced by relaxation The same is true in long standing pleural effusion where tension of the more acute phase is replaced by relaxation So too in early apical tuberculous lesions muscl tension over the apical area especially posteriorly is the rule but in lesions of long standing there is marked relaxation Whether this is a trophic change or nerve exhaustion is not clear)

appendicitis gangrenous

Brittain s sign When the right lower abdominal quadrant is palpated in this condition it induces retraction of the right testicle

aprosexia

Guye's sign In enlarged adenoids with or without large tonsils in children especially and in chronic obstructive catarrh of the nose and naso-pharynx a condition known as aprosexia develops This implies an inability to fix the attention (Author's Note—This is often accompanied by a marked change in facial expression rather immobile and stupid [illegible] accompanied by drooling or slobbering Perhaps the [illegible] [illegible] [illegible] contributing factor)

arc reflex This term embraces the arc or pathway by which a reflex is conveyed and implies an afferent impulse along an afferent nerve to a nerve center from which an efferent nerve passes out to the muscle or other terminal region which is thus activated the entire mechanism being the reflex arc

Argyll Robertson pupil Known also as *Vincent's sign* Occurs in tabes dorsalis The pupil is miotic light fixed but responds to accommodation

Argyll Robertson reflex See *Argyll Robertson pupil*

arm sign of Wartenberg See *Wartenberg's cerebellar sign.*

Arnoux A sign occurring on auscultation over a twin pregnancy The rhythm produced by the action of the two fetal hearts which is said to resemble the sound of the hoofs of a pair of horses when trotting

arrhenoblastoma syndrome This is a form of masculinizing syndrome and must be differentiated from the basophilic tumor of the pituitary body and adrenocortical tumor It consists of amenorrhea appearing rather suddenly after previous normal menses a change in voice to the male type associated with enlargement of the larynx and a decrease in the size of the breasts among older patients or arrested development among the younger patients Loss of hair on the head with acne of the face and upper part of the trunk An increase of hair on the sides of the face neck upper lip chin thighs and legs are frequently accompaniments Hypertrophy of the clitoris may be excessive and finally these symptoms in the presence of a solid ovarian tumor are usually diagnostic

arrhythmia continuous Known also as *perpetual arrhythmia* As the names imply persistent irregularity in sequence force and volume of the pulse beat occurring in advanced myocardial disease but not a true flutter or fibrillation

arrhythmia inotropic Faulty contractibility of the heart muscle causes disturbance of cardiac rhythm

arrhythmia respiratory

Hernig Lommel's sign Known also as *juvenile arrhythmia* and sinus irregularity. This is a respiratory arrhythmia and consists of a change in frequency of the heart's action with changes of the respiration. There is an increase of the heart rate with inspiration and a decrease of the rate with expiration

arroyo Asthenocoria. Sluggish reaction of the pupil to light as in the exhaustion phase of hypoadrenia and hydroadrenia.

arterial hypertension See *hypertension*

arterial pulmonary syndrome This is characterized by atrophy of the precordial musculature with visible arterial pulsation. Palpation with the finger tips in the second or third interspace detects a systolic thrill and increased diastolic impulse. Occasionally there is decompensation. Met with especially in subacute bacterial endocarditis and in cases of ulcerative and vegetative endocarditis which have persisted for some time. All such cases are more or less emaciated

arteries pulseless impalpable

Davis sign When the pulseless arteries feel empty or are even impalpable and at the same time assume a yellowish or pale tint. One of the Signs of Death

arteriosclerosis

Hertzel's sign In arteriosclerosis when pneumatic pressure is made to occlude the circulation of both legs and one arm the blood pressure in the remaining arm may be elevated as much as 60 mm of mercury above the pressure previously determined before occlusion. In the absence of vascular disease blood pressure rarely rises above 5 mm under similar conditions

arteriosclerosis of legs and feet

Charcot's sign # 2 In arteriosclerosis of the legs and feet the intermittent claudication of limping

arteriovenous fistula

Branham's sign When possible to close this by pressure the pulse slows in rate, the diastolic pressure increases and the cardiac murmur disappears

artery cerebellar posterior inferior obstruction See *Hassin's sign*

artery traumatic rupture of

Wahl s sign When for any reason such as traumatism an artery is partially divided a more or less harsh systolic sound will be heard directly over the divided ves el

arthritis chronic

Heberden s sign In chronic arthritis more frequently in women than in men small nodes develop as bony outgrowths from the lateral margins of terminal phalanges of the fingers less often of the toes They are prone to develop toward mid dle life persist throughout life often leading to rigi lity and flexion of the terminal phalanx In such individuals more severe and wi lespread manifestations of arthritis rarely occur

arthritis of the hip

fabere sign or ***Patrick s test*** The test is elicited by plac ing the patient supine The external malleolus of the affecte l side is placed over the patella of the opposite leg the knee necessarily being flexed When pressure is now made upon the knee pain is produced Patrick explains the term fabere sign as being made up from the initial letters of the manipula tion neces ary to elicit it namely Flexion ABduction Exter nal Potation Extension. This position assumed by the normal individual or one with sciatica does not cause pain when the knee of the affected side is passively depressed It may how ever be positive in the sacroiliac form of sciatica

Aschner Oculocardiac sign also called *Aschner s reflex* Com pression of the eyes the lids being closed causes slowing of the heart rate of from five to ten beats In exalted vagus states the rate may be slowed even more In cases in which acceleration of the rate occurs this sign or reflex is said to be inverted Pressure over the vagus in the neck will result in a similar manifestation

ascites For description see *Pitfield s sign # 1* of ascites and *Pobertson s sign # 4* of ascites

ascites abdominal

Landou s sign In abdominal ascites in the female even though slight the uterus cannot be palpated bimanually (Authors Note—It must not be forgotten that excess adipose offers a similar impediment)

ascites chylous

Strauss sign In chylous ascites fatty foods increase the fat content

asthenocoria

Arroyo's sign Sluggish reaction of the pupil to light as in the exhaustion phase of hypoadrenia and hydroadrenia

asthma bronchial

Laennec's pearls These are small rounded gelatinous masses occurring in the sputum of bronchial asthmatic patients

asthmatoid wheeze

Jackson's sign # 3 In foreign body in the trachea or bronchus when the ear is placed close to the mouth of the patient a wheezing sound is heard which has been called the asthmatoid wheeze

atlo axial dislocation syndrome This syndrome may occur spontaneously or as a result of traumatism *The former is* relatively rare but occurs most frequently in childhood preceded by inflammation anywhere in the upper cervical region Infection in the nasopharynx or in the region of the base of the skull may cause the hyperemic decalcification of the atlas loosening of the transverse ligament and after some days a week or two anterior dislocation of the atlas upon the axis results The pyramidal decussation lies behind the odontoid process of the axis The syndrome then is a compression paralysis of the extremities or in symptom complexes similar to those seen in meningitis cervical arthritis pharyngeal abscess bulbar palsy or myasthenia gravis according to Woltman and Meyerding of the Mayo Clinic In the traumatic form the onset of the syndrome may occur with the injury or develop soon after the atlas slides forward on the axis It may follow injury to the neck or in manipulative adjustments in convulsive seizures (insulin or metrazol injuries) or birth palsy The syndrome may involve all four extremities or only two or three but is usually bilateral

attention reflex of the pupil This consists of change in the size of the pupil when attention is suddenly fixed Known also as *Filt s reflex* which see

auditory meatus See *meatus auditory*

auscultation

Josseraud s sign In acute pericarditis a loud metallic sound heard on auscultation over the pulmonic area

Avellis syndrome This results from a lesion in the medulla involving the internal branch of the N 11th N 10th nucleus (the vagospinal portion) This consists of paralysis of one vocal cord the pharynx larynx and soft palate on the side of the lesion with loss of pain sense and heat and cold sensation on the opposite side This latter is due to involvement of crossed sensory fibers of the formatioreticularis in the medulla.

For other bulbar syndromes see those of *Babinski Nageotte Dejerine s # 1 Jackson Schmidt* and *Tapia*

Ayerza s syndrome Described as a clinical picture of deep pro longed cyanosis (Cardiacos Negros) found in patients having general sclerosis of the pulmonary arteries and right sided cardiac hypertrophy but no congenital or valvular dis ease of the heart The disease at times exhibits a familial tendency and is described as occurring in both sexes and mani festing initial symptoms from early childhood to the late years of middle life

The symptom picture of this syndrome as distinguished from that of usual cardiopulmonary diseases rests largely on the intensity of the cyanosis Ayerza s syndrome cannot be con sidered until black cyanosis app ars although the arterial pathology and milder symptoms may precede this phase for years

This should be contrasted with the Geisbock syndrome in which there is high peripheral arterial pressure with the tenden y to cerebral hemorrhages and polycythemia while in the Ayerza syndrome high arterial blood pressure is absent

Geisbock s syndrome Ayerza s syndrome and polycythemia vera of Vaquez and Osler all have polycythemia but in the latter the cyanosis of the other two is lacking Geisbock s syndrome is also spoken of as polycythemia hypertonica

B

Babes In aneurysm of the abdominal aorta tenderness and muscular rigidity over the region of the splenic artery

Babinski

1 *Sciatica* A diminution or absence of the Achilles tendon reflex.

2 *Pyramidal tract disease* Gentle stroking of the plantar surface of the foot along the outer side and curving along the ball of the foot will elicit extension of the great toe and fan shape flexion of the other four toes often in a slow and sequential manner (This may occur in certain cases of meningitis after head injuries following general anesthesia and sometimes after the administration of opiates Under these conditions it is bilateral and in the hemiplegic unilateral in the involved extremity Under similar conditions the Gordon Oppenheim and Chaddock reflex may be obtained See under those names)

For further information see *Babinski s plantar reflex*

3 *Pyramidal tract disease* Starting in a recumbent position with arms folded the patient alternately rises and lies down thus flexing and extending the trunk on the lower extremities In doing so the toes separate from one another in fan shape

4 *Hemiplegia* The contraction of the platysma muscle is more pronounced on the healthy than on the affected side observed in opening the mouth widely or in the act of blowing or whistling

5 *Hemiplegia* This sign known also as the combined flexion phenomenon is developed as follows With patient recumbent and arms folded he attempts to assume a sitting posture In doing so the thigh of the paralyzed side is flexed upon the pelvis and the heel of the same side is lifted from the ground The uninvolved limb remains more or less quiescent. On again assuming a complete recumbent posture the above phenomenon is repeated

6 *Organic Paralysis* In this condition the so-called pronation sign occurs when the paralyzed forearm placed in supination more or less promptly becomes pronated

Babinski s associated movements These signs reflexes syndrome and the associated movements are grouped under the generic term synkinesias They are all indicative of organic disease not hysteric hemiplegia and are never manifestations of any functional disturbance When in an apoplectic though contracture be present and voluntary movement is impossible it will be observed that involuntary movements manifest themselves in the affected extremities when passive or voluntary movements are executed by the sound limb hence the term associated movements

The associated movements described by Babinski in organic hemiplegia are as follows

1 Patient must be dorsally recumbent with hands on hips and elbows outward On attempting to sit up (a) it will be noted that on the paralyzed side the heel becomes elevated and the thigh flexed (b) on the sound side the limb fails to move or sluggishly and very slightly mimics the movements of the affected side

2 If the patient is in a sitting position with the arms placed as above described similar movements of the limbs may be observed as the patient tends to fall backwards

3 The patient dorsally recumbent with the arms as previously described but with the legs flexed over the foot or side of the bed on attempting to sit up the following observation may be made (a) On the paralyzed side the thigh becomes flexed upon the pelvis and (b) extension of the leg occurs on the paralyzed side

Babinski s plantar reflex The plantar reflex of Babinski is sometimes referred to as the toe sign This is best elicited with the patient recumbent and supine The sole of the foot is stroked from the heel toward the toes and across the plantar surface at the base of the toes Under normal conditions two forms of motor actions of the toes result First plantar flexion especially of the great toe and first and second toes Second adduction of all of the toes

Under abnormal conditions a similar stimulus results in opposite movements of the toes to those just described I Dorsal extension especially of the great toe II A fanlike abduction and plantar flexion of the remaining toes

Gradients of this reflex are met with as follows I Complete Babinski rare where all of the toes become dorsally extended

and al lu tc l II In ompl e dor l extensi n of the great toe while the fo r remainin, t es assume a p o ition of plantar flexion with m re r l s al luction III The so call d fan sign whi h is a spreading abduction of all of the toes

Signifi an An f th variants may be manifeste l in normal hil lren up t the a e of 18 to 24 montl They may al o be present bil terally after the a lministration of morpl ne Under pathol gi onlitions they are ir li ative espe ially of orgamic hemipl gia on the side of the paralyzed limb and to d note involvement of the pyramidal tracts in cerebral edema or brain injuri Dorsal extension of the big is the dominant feature an l this is equally promi r t too in the signs or reflexes of Chaddock Oppenheim (rl n an l S haffer

(Authors Note—Joseph Francois Felix Babinski (1857 19) was a practicing physician in Paris whose stu ly of neur l gy resulted in the de cription of several valuable igns and reflexes whi h have become universally accepted an l em ploye l d agno ti ally)

Babinski s syndrome This is characterized by the association of car l ac and arterial disorders with tabes dorsalis paralytic l mentia, chr ni syphilitic meningitis and possibly other late syphilitic manifestations

Babinski Nageotte syndrome Horner s syndrome and dysphagia witl contralateral hemiplegia discriminative l emianesthesia and homolateral cerebellar signs characterize this syn lrome Tl is results from multiple lesions involving the pyramid cere bell r peduncle and the fillet and cervical sympathetic

Baccelli Originally des ribe l as tran mission of the whispered v i tl rough ser us fluid in the chest but not through puru lent xu lations This di tinction however is n t borne out by cl nical evi lence

back stra n and sciatica For details refer to *Ober s sign*

backache Lumbago an l pain in the lower part of the back as d scribe l by Leonard W Ely of San Francisco For details refer to *Ely s sign*

backache and low back pain Iefer to *Goldthwaite s sign* and to *low bacl pain*

Baillarger Syphilitic paresis The inequality of the pupils so fre ntly noted in this con lition anisocoria

Bainbridge Any condition which results in increased venous pressure in or distention of the great veins results in a sympathetic reflex with a resultant increase in the rate of the heart beat

Ballance This is an increasing area of dullness elicited on percussion over the left flank This area rarely changes with change of position of the patient which is the case when bleeding occurs from other abdominal structures The reason for this is believed to be due to the more rapid coagulation of splenic blood as compared to blood from other tissues This is a sign of rupture of the spleen

Ballet Ophthalmoplegia externa and loss of all voluntary movements of the eye The pupillary reflex and automatic movements of the eye persist This sign occurs in some cases of exophthalmic goiter and hysteria.

Bamberger

1 Allochiria. A condition in which sensation induced in one extremity is referred to the opposite side It is seen chiefly in tabes and was also described by Obersteiner (See under this name)

2 In pericardial effusion the presence of an apparent consolidation of the lung in the region of the angle of the scapula on the left side which disappears when the patient leans well forward or lies prone

bandage sign In purpura especially petechial form after a moderately tight tourniquet has been applied to the upper arm. (Authors Note—This capillary resistance test was described by Hess—Archives of Internal Medicine February 1916 A positive petechial reaction in purpura and not in hemophilia may serve as one means of distinguishing these two conditions)

Banti s disease See *Castronuovo s sign*

Banti s syndrome This syndrome is usually recognized as such in its latest or hepatic cirrhosis phase It begins however in the late adolescent or early adult age of either sex Its source may be divided into three stages First the longest and rather indefinite both symptomatically and in point of time extending over several years is characterized by progressive weakness and anemia with digestive upset and abdominal discomfort If sought the spleen may be found enlarged during the latter part of the period Second a period lasting from

Banti s syndrome *(continued)*
a few months to a year in which alternating diarrhea and constipation occur also hemorrhoi ls which frequently bleed an l a lateritious urine (urates) Third the stage of hepatic cirrhosis with large spl en a gradually developing ascites increasing anemia with or without jaundice and a progres sive loss of flesh As in Laennec s cirrhosis esop hageal varices and hemorrhage may occur and prove fatal in this third stage Early recognition and splenectomy are the key notes

Barany

1 When the vestibular apparatus is involved to the point of disturbance of equilibrium the patient develops a tendency to fall and the direction of the fall is influenced by changing the position of the patient s head

2 Nystagmus of a rotary character develops when the normal external auditory canal is irrigated with water not exceeding a temperature of 120 F The nystagmus develops toward the same side on which the irrigation is practiced If cold water is used an opposite rotary nystagmus is produced *e g* away from the side on which the ear has been irrigated This is also referred to as the caloric test No nystagmus results if the labyrinth is diseased

Bard In nystagmus due to an acquired organic lesion the spe cific movements of the eye increase as the patient attempts to follow the moving finger In congenital nystagmus the oscilla tions of the eye cease under similar conditions

Bard Pic syndrome This is characterized by chronic progressive icterus marked enlargement of the gallbladder and rapid cachexia in carcinoma of the head of the pancreas The rapid loss of flesh and pasty stool with high fat content are to be looked for

Bardet Biedl syndrome Same as *Laurence Biedl syndrome* which see

Barney s sign of ureteral calculus In the Annals of Surgery April 19 8 Dr J D Barney describes a sign occurring in the abdominal wall which may be called Barney s point. This point may be found on the right or left side of the abdomen depending on the ureter involved the point being at the ter minus of a line drawn at right angles to a line from the

Barney's sign of ureteral calculus (*continued*)
umbilicus to the anterior superior spine Finger tip pressure is said to reveal tenderness at Barney's point in about 41 per cent of cases in which a calculus exists in the lower third of the ureter For further aid in the recognition of ureteral calculi refer to the ureteral reflex

Baron's sign In suspected chronic appendicitis Baron found the right psoas muscle was frequently sensitive to pressure The patient must be recumbent relaxed and told to breathe deeply The examiner's second third and fourth fingers of the right hand are placed on Poupart's ligament and pressure is made in the direction of the psoas muscle The patient is told then to elevate the leg of the same side with knee extended forming an angle at the hip of about 45 degrees In this position the palpating fingers readily detect the psoas muscle thus made tense Similar palpation should be made on both sides for purposes of comparison Even in the healthy individual the tensed muscle may be sensitive but when the appendix is involved the tenderness is more marked on the right side However the psoas *in being covered by the peritoneum* is also painful in the presence of sacrospinal and gluteal myalgias in arthroses of the lumbar region of the spine the lumbosacral and iliosacral joints and sometimes in sciatica. The sign therefore cannot be regarded as specific but when present any of the conditions named must be differentiated

Barre

1 Mental deterioration This consists of retarded contractions of the iris Mr Andre Barre of the Urologic Clinic of the Salpêtrière has noted that under normal conditions slight oscillations of the margins of the iris occur at periods of from 10 to 50 seconds in aged persons or in persons with natural mydriasis When mental disorder manifests itself the oscillations occur less frequently and may be completely suppressed They vary with the type of mental condition present In idiots oscillations as a rule are absent and in imbeciles contractions occur only once in from one to three minutes The author believes the sign to have prognostic value Contractions are quite retarded in dementia praecox and may even be absent and when present are weak In dementia paralytica the iris is motionless If improvement of the patient occurs oscillations of the iris become more marked and more frequent

Barre (*continued*)

2 Pyramidal tract disease The patient is unable to keep his legs in a vertical position when he is lying prone with the legs flexed at the knees

Baruch In typhoid fever rectal temperature is resistant to a bath of 75 F for 15 minutes

Bassler Chronic appendicitis When the tip of the thumb is pressed into the abdominal wall at a point midway between the umbilicus and the anterior superior iliac spine pressure being made externally a sharp pain results said to be due to compression of the appendix between the thumb and the iliacus muscle

Bastedo In chronic or latent appendicitis when the colon is inflated with air pain and tenderness occur in the right iliac fossa in the region of McBurney s point

Battle In fracture of the base of the skull an ecchymosis occurs along the position of the posterior auricular artery which develops first near the tip of the mastoid process

Baumes In angina pectoris the presence of retrosternal pain sternalgia

Beccaria In pregnancy a sensation of painful pulsation in the occiput

Bechterew

1 Irritation of the nasal mucosa normally induces facial contraction on the same side When sufficiently pronounced bilateral facial contraction and sneezing result Any lesion causing anesthesia of the Schneiderian membrane obliterates this reflex This is known also as the nasal reflex

2 Pupillary reflex occasionally seen in tabes and paralytic dementia and consists in dilation of the pupil under exposure to light

3 Plantar reflex seen in pyramidal tract disease A tap on the dorsum of the foot with a percussion hammer induces plantar flexion of the foot

4 In pyramidal disease of the cord in hemiplegia and rarely in brain tumor where the foot is passively bent in a plantar direction when released dorsal flexion of the foot occurs with flexion of the knee and the hip of the same side

5 Hypogastric reflex This is a normal respon e characterized by contraction of muscles in the lower portion of the

Bechterew # 5 (*continued*)
abdom n on that side upon which stroking irritation is applied to the skin of inner surface of the thigh

Bechterew Mendel Under normal conditions when the dorsum of the foot is struck by a percussion hammer dorsal flexion of the second to the fifth toes occur when organic disease of the nervous system is present as in pyramidal tract disease plantar flexion of the toes occurs This reflex is also known as the dorsocuboidal reflex and the cuboidodigital reflex

Becker In exophthalmic goiter an appreciable increase in the pulsation of the retinal arteries

Beevor Fun tional paralysis In this condition the sign con sists of the patient s inability to inhibit the antagonistic muscles

behavior reflex Described under *conditioned reflex*

Behier Hardy In pulmonary gangrene an aphonia developing in the early period

Bell s palsy Differentiated from a central lesion *See Padovict s sign*

Benedikt s inferior syndrome In hemiplegia due to pontine lesions when the sensory and cerebellar pathways are impli cated hemiataxia on the paralyzed side completes the symp tom complex the whole being called Benedikt s inferior syndrome

Benedikt s syndrome In neuritis of oculomotorius when the ununited fibers of the oculomotor nerve are caught in their passage through the red nucleus there results third nerve paralysis on the side of the lesion with external and internal ophthalmoplegia diplopia hemianesthesia hemichorea and hemitremor on the opposite side This should be contrasted with Weber s syndrome

Benzadon s sign of cancer of the breast and suppuration of the ducts It consists of retraction of the nipple when the nipple is held between the fingers while the tumor or inflammatory area is pressed inward with the other hand The sign is posi tive with retraction of the nipple and negative when the nipple continues to protrude It is said to be an early sign in both cancer and acute inflammation

Berger Occurring in tab s dorsalis and also in paralytic de mentia The irregular or elliptical pupil often pre ent even in the early stages of these conditions

Bernard s syndrome See *Claude Bernard s syndrome*

Bernard Horner syndrome Same as *Horner s syndrome* which see

Bernard Sergent syndrome This is characterized by diarrhea vomiting and collapse as in Addison s disease or in thyroid toxicosis usually of very acute and grave character

Bernhardt When for any reason the external cutaneous nerve is irritated paresthesias and even areas of pain develop on the outer and anterior surfaces of the thigh of the same side See *Meralgia paresthetica*

Bernhardt Roth syndrome This is characterized by numbness and paresthesia accompanied by pain on movement of that part of the thigh supplied by the external cutaneous nerve the lateral femoral cutaneous nerve This condition is also known as meralgia paresthetica.

Bertolotti s syndrome This is characterized by exaggerated development of the transverse processes of the fifth lumbar vertebra until they look like parts of the sacrum Often described as sacralization of the fifth lumbar vertebra as well as sciatica and scoliosis

Bespaloff Observed in patients later developing measles especially in febrile children During the invasion of the disease redness of the drum develops on one or both sides (this persists co terminus with the fever) and in practically all cases an associated nasopharyngeal catarrh With the appearance of the exanthem the redness of the drum rapidly lessens

Bethea This sign reveals inequality of thoracic expansion The examiner stands behind the patient with the tips of the fingers resting upon the upper margins of the ribs high up in the axillary regions of both sides Any lag in the expansion is readily appreciable by the diminished movement of the ribs on the affected side

Bezold As an evidence of mastoiditis when an inflammatory swelling develops at the tip of the mastoid process

Bianchi s syndrome This is a sensory aphasic syndrome with apraxia and alexia occurring necessarily in left sided lesions involving the parietal lobe Speech defect makes utilization of astereognosis as an associated phenomenon impossible

biceps reflex This is a normal phenomenon biceps muscle con traction occurring when its tendon is percussed When exag gerated it has the same significance as an exaggerated knee jerk This may result from simple inhibition or in lateral column disease

Biedl s syndrome This is characterized by dystrophia adiposo genitalis with atypical retinitis pigmentosa and mental defi ciency See *Laurence Biedl syndrome*

Bieg (This is known as Bieg s entotic) In disease of the mal leus or incus sounds are heard by the patient only when conveyed through an ear trumpet joined by a catheter to the Eustachian tube

Biermer s change of note Essentially the same as *Gerhardt s # 2* When the patient is sitting the pitch of the percussion note is lower due to increase in volume of the cavity whether it be a pulmonary cavitation or a pneumothorax this increase in cavity volume being due to sagging of the diaphragm the result of the weight of the fluid present

Biernacki In tabes dorsalis and paretic dementia Anesthesia in the distribution of the ulnar nerve

Binda In tuberculous meningitis an early sign is a sudden jerk of the shoulder when the head is passively and quickly turned toward the opposite side

Biot In meningitis from any cause but most frequently in the tuberculous form the respiratory movements occur in groups They are rapid but equal spaced by apneic intervals of several seconds to a half minute or even more

Bird As an evidence of hydatid disease of the lung A definite area of dullness with absence of respiratory sounds

black cardiac syndrome See *Ayer a s syndrome* and *Geisbock s syndrome*

blackwater fever malarial fever and paroxysmal hemoglobinuria

Uriolla s sign Consisting of melaniferous granules (blood pigment) in the urine of patients with severe malaria (Au thors Note—Melaniferous pigment is also to be seen in the so called melaniferous leukocytes In blackwater fever or hemorrhagic malarial fever a severe form met with in the tropics or in those who have recently returned from the tropics excessive hemolysis may occur and hemoglobinuria

blackwater fever malarial fever and paroxysmal hemoglobinuria ***Uriolla s sign*** *(continued)*
may develop Whether the excessive ingestion of quinine is a factor is still an open question. It is to be noted too that extreme acidosis or excessive fatigue may cause a paroxysmal hemoglobinuria.)

Blatin s syndrome This is characterized by a vibration felt on percussion over a hydatid cyst e sentially a fine thrill

Blecard A center of ossification in the lower epiphysis of the femur as a sign of the maturity of the fetus

Block s syndrome This is characterized by sleeple sness melan cholic tendency attacks of crying nervous irritability sexual sensitiveness and pigmentary areas in the skin It occurs in women at any phase of the childbearing period from pul erty to menopause

blood dyscrasias

- ***agranulocytic angina*** See *S hult syndrome*
- ***anemia*** Which see
- ***blackwater fever*** S e *Uriolla s sign*
- ***chlorosis*** See *Gollonbot s sign*
- ***drepanocytic or sickle cell anemia***
- ***leukemia*** See *Jaccoud s sign*
- ***ligature sign*** Which see
- ***malarial fever*** See *Uriolla s sign*
- ***paroxysmal hemoglobinuria*** See *Uriolla s sign*
- ***pseudohemophilia hepatica*** See *Frank s sign*
- ***purpura*** Which see

Blumberg In peritonitis from any cause a short sharp pain is felt by the patient when pressure is made over McBurney s point and the pressure is suddenly released

Blumer (George) (First described by Strauss in 1895) In 1909 this sign was called by Blumer the rectal shelf Blumer defines it as a shelflike metastasis projecting into the rectum as a result of infiltration of Douglas pouch with inflammatory or neoplastic material

Boas In cancer of the stomach the presence of lactic acid in the gastric juice

body of Luys syndrome This occurs in the case of a sub thalamic lesion of the body of Luys and is characterized by violent chorea of one side of the body with unusual involve

body of Luys syndrome (*continued*)
ment of the shoulder and hip the movements being of extreme amplitude involvement of speech swallowing and respiration but facial affection is slight in comparison to extreme involvement of limbs slight unilateral sweating, moderate degree of hypotonia The movements indicated cease during sleep

Bogorad s syndrome See *syndrome of crocodile tears*

Bolognini Measles Early in this disease a sensation of friction is imparted to the examiner by making alternate pressure by the fingers of both hands over each side of the abdomen

Bonnet In sciatica the pain induced by adduction of the thigh

bone fracture

Hueter s sign In bone fracture when fibrous tissue exists between the fragments the usual transmission of vibration through the bone is absent

bone reflex Under normal conditions when a bone is tapped by a percussion hammer an impression is made which, in a sense, is a reflex phenomenon Essentially it is one of the proprioceptive impulses These were first described by Sh rrington and include all afferent impulses emanating from muscles ligaments tendons and joints and also from the labyrinths

bones and joints nontuberculous diseases of

arthritis Which see
See *atlo axial dislocation syndrome*

backache and strain See the signs of *Ely Goldthwaite* and *Ober*

brittle bones and blue scleras See *syndrome of*

bursitis Which see

femur congenital dislocation of head of See *Dupuytren s sign # 2*

great trochanter traumatic separation of epiphysis of See *Ludloff s sign*

hip joint flexion of See *Thomas sign*

hysterical hip disease See *Putnam s sign*

mastoiditis Which see
See *Morton s syndrome*

neuralgia Which see

rickets Which see

sacroiliac disease Which see

sarcomatous bone Which see

sciatica Which see

bones and joints nontuberculous diseases of (*continued*)

spondylitis Which see

syphilis congenital See *clavicular sign* and signs of *Parrot* # 2 and *Wegner* and *Fournier* # *

Bonnier s syndrome This is characterized by apprehension tachycardia weakness vertigo pallor and various aural and ocular disturbances simulating Meniere s disea e

Met with in lesions involving Deiter s nucleus or the vestibular tracts or part of the auditory nucleus in the medulla

Somnolence may be present in some cases

Bordier-Frankel In peripheral facial paralysis this sign consists of an upward and outward rolling of the eye on the affected side

Borsieri Comparatively early in scarlet fever streaking of the skin by means of the finger nail produces a white line which rapidly becomes red

Boston In downward movements of the eyeball in exophthalmic goiter the descent of the lid is arrested by momentary spasm and then continues to descend as spasm relaxes

Bouillaud

1 A tinkling sound heard to the right of the apex beat in cardiac hypertrophy

2 A persisting retraction in the precordial region in adherent pericardium

Bouillaud s syndrome This is characterized by the coincidence or noncoincidence of pericarditis and endocarditis coincidence indicating acute articular rheumati m and noncoincidence indicating chronic articular rheumatism

Bouveret Obstruction of the large bowel The distention of the cecum and right iliac fossa in this condition

bowed head sign

Gould s sign This occurs in any destructive disease of the peripheral portion of the retina The inclination of the head when the patient is walking occurs in an effort to bring the image of the ground upon the functioning portion of the retina.

bowel obstruction

***Wahl s sign* # 1** In obstruction due to any cause the sign consists of more or less distention or tympany on the proximal side In this connection compare Schlange s sign

Bozzolo In aneurysm of the thoracic aorta visible pulsations of the arteries within the nostrils

brachium conjunctivum and tractus spinothalamicus syndrome This syndrome is known by no other name or designation but it might well be named from the lesion which is the most usual cause the superior cerebellar artery thrombosis syndrome It is possible for a circumscribed brain tumor to be the cause as in Winkelman s case

Originally described by the late Charles K Mills the syndrome consists of loss of pain and thermal sense on the side of the lesion and ataxia atonia and asthenia on the opposite side There is loss of emotional expression but no change of volitional expression

The thrombotic lesion of the superior cerebellar artery results in a small area of softening just outside the fourth ventricle involving the superior cerebellar peduncle with its brachium conjunctivum and then spreading ventrally just enough to involve the tractus spinothalamicus Deafness in one or other ear may also be associated

bradycardia induced See *oculomotor reflex* or *Aschner s sign*

brain abscess See *abscess brain*

Brain s reflex Also known as the quadripedal reflex and is manifested in a hemiplegic when he assumes the quadripedal posture During this position the flexed arm of the hemiplegic becomes extended

Branham Arteriovenous fistula. When this is closed by pressure there follows a slowing of the pulse an increase in diastolic pressure and disappearance of the cardiac murmur

Brauch Romberg Better known as *Romberg* s sign which see

Braun Fernwald A symmetrical enlargement of the uterus A longitudinal line or furrow marking the two halves

Braxton Hicks Known also as *Hicks sign* which see

breast cancer See under *cancer* also see *Pees sign*

breath sounds harsh and exaggerated

Warthin s sign The exaggerated breath sounds heard in acute pericarditis

bregmocardiac reflex Pressure upon the posterior fontanel (in the region of the crossing of the sagittal and coronal sutures) causes slowing of the heart rate

Brenneman s syndrome This is characterized by lymphadenitis mesenteric and retroperitoneal following throat infections It may simulate appendicitis or more probably tabes mesenterica but unlike the latter condition is more acute and recovery is the rule

Brenner In perforation of the stomach from any cause a metallic friction develops in the region of the twelfth rib posteriorly when the patient is in a sitting position It is due to the collection of air bubbles between the stomach and diaphragm

Brickner When the function of the facial nerve is impaired the oculoauricular associated movements are diminished

Briquet s syndrome This is characterized by a shortness of breath and aphonia dependent upon hysterical paralysis of the diaphragm This includes that functional disturbance described as astasia abasia. It must not be overlooked that astasia abasia may be a manifestation of involvement of the midportion of the corpus callosum but then there is stupor and paresis of all four limbs not of uniform degree

Brissaud Marie Hysterical glossolabial hemispasm

Brissaud Marie syndrome Of hysterical origin Glossolabial hemispasm

Brissaud Sequard syndrome In hemiplegia due to pontine lesions occasionally the paralysis is of the spasmodic type Occurrence of this is called the Brissaud Sequard syndrome

Brissaud s reflex On irritation of the sole of the foot contraction of the tensor fascial femoris muscle results

Bristowe s syndrome This is characterized by ingravescent character gradual hemiplegia association of hemiplegia on one side with vague symptoms on the other stupidity and drowsiness loss of speech swallowing difficulty absence of direct implication of the cranial nerves and death from coma Occurs in tumors involving the corpus callosum See *corpus callosum syndrome*

Brittain In gangrenous appendix the retraction of the right testicle due to palpating the lower right abdominal quadrant

Broadbent s inverted sign of aneurysm of the left auricle Described by Lorenzo This consists of a pulsation localized to the lateral and posterior wall of the thorax occurring syn

Broadbent's inverted sign of aneurysm of the left auricle (*continued*)
chronously with the systole of the ventricle Lorenzo believes that the dilated auricle by pressure on the lung produces more or less atelectasis and that the lung transmits the pulsations which become both visible and palpable The simultaneous pulsation of both the auricle and ventricle was due in Lorenzo's case to the coexistence of mitral insufficiency He believes the orthodiagram of more importance than the teleroentgenogram because it reveals the double arch of simultaneous pulsation

Broadbent John Adherent pericardium. The systolic tug of the eleventh left posterior interspace

Broadbent Sir William Adherent pericarditis of the second type No visible movement in the epigastrium because of adhesions to the diaphragm which prevent the latter from descending on deep inspiration

Brodie

1 Extravasation of urine into the corpus spongiosum reveals itself by a blackened area on the glans penis

2 In neuralgia of a joint pain is induced by folding or pinching of the skin near the joint

bronchial asthmatic sputum See *Laennec*

bronchial glands See under *glands*

bronchial lymph glands See under *glands*

bronchial lymph nodes See under *nodes*

bronchial stenosis See under *stenosis*

Brown The so called dipping crackle is a fine crackling sound heard in intestinal perforation in typhoid fever when the stethoscope is placed over the right iliac fossa and sudden short pressure is made with the bell of the instrument

Brown's gravitation sign In some intraabdominal lesions tenderness may develop in the lower abdomen This area is carefully outlined and the patient then turned on the unaffected side After a lapse of 15 to 30 minutes if the tenderness has shifted or tenderness and rigidity have become more marked and extensive this is considered an indication for immediate surgical interference

Brown Sequard This is a paralysis of motion on the same side and loss of sensation on the opposite side from a lesion involving one half of the spinal cord

Brown Sequard syndrome The syndrome consists of motor paralysis on the same side of the lesion in the cord and sensory disturbances on the opposite side The motor phenomena are mono or diplegic homolaterally but the sensory disturbance is less extensive on the opposite side The lesion is usually a tumor involving one half of any particular area of the cord below the decussation of the motor tracts It may also occur in hematomyelia gunshot or stab wounds syringomyelia of the cord

Brudzinski

1 In tuberculous meningitis when the patient is supine, if the observer places one hand under the head and the other over the chest and attempts are made to raise the head the legs suddenly flex extension of the great toe occurs and the other toes separate in a fanlike manner In children below two years of age this sign is not significant

2 The so-called neck phenomenon occurs in acute cerebral leptomeningitis Flexion of the lower extremities at hip and knee is induced when the patient s head is bent forward

3 This sign known also as the contralateral reflex ' occurs also in acute cerebroleptomeningitis and is characterized by the flexion of one leg when the opposite leg is passively flexed at the hip joint

4 In tuberculous meningitis the so called cheek phenomenon may be present If pressure is made on both cheeks just below the zygoma a reflex upward jerking of both arms takes place with flexion of the two elbows at the same time

5 In appendicitis if pressure be made over the left iliac fossa in a direction towards the right pain develops in the right iliac fossa

6 In tuberculous meningitis Also called Brudzinski s symphysis sign. When pressure is made immediately above the symphysis pubis with the thumb and index finger both lower extremities become more or less flexed

bruit D Arain of Trousseau A metallic sound somewhat resembling the note of a bell. Heard especially over pneumothorax and more rarely over a tuberculous cavity or a distended stomach The sign is obtained by using two silver coins as plexor and pleximeter One coin is placed anteriorly over the

bruit D Arain of Trousseau (*continued*) chest and struck by the other one auscultation being prac ticed posteriorly or the reverse may be practiced

bruit de diable This is merely a descriptive term for the sign described by Guttman For details refer to *Guttman s sign*

bruit de Leudet

Leudet s sign This sign occurs in catarrhal and nervous disorders of the ear It is characterized by a fine crackling sound in the ear which may be heard both by the patient and the examiner

bruit de Tabourka

Potain s sign # 2 Also called Tambre metallique On auscultation over an aortitis the sign consists of a loud aortic second sound having a peculiar bell like or metallic quality The name Tabourka comes from that of an Arabian drum the sound having a parchmentlike quality

Brun Cysticercus disease of the fourth ventricle Intermittent headache vertigo and vomiting when the head is suddenly moved

Brun s syndrome This is characterized by association of vertigo with sudden movements of the head Said to occur in tumors or cysticercus infestation of the fourth ventricle

Brunati Prognosis in typhoid fever and pneumonia. This sign consists of apparent corneal opacities in the course of typhoid fever as well as in pneumonia and indicates impending death probably within a few hours It is said to occur frequently in measles and smallpox but apparently has no prognostic value in tho e diseases Chaninald has verified this sign in pneu monia Brunati in typhoid fever

Bryson In exophthalmic goiter a lessened ability to expand the thorax.

bulbar palsy See *Kristiansen s syndrome*

bulbocavernous reflex or penile reflex When a moderate tap with a percussion hammer is applied to the dorsum of the penis the bulbocavernous muscle contracts

bulbomimic reflex This is also known as the *facial reflex* and *Mondonesi s reflex* It is said to differentiate coma of the toxic origin from coma occurring in apoplexy When pressure is made upon the eyeball in an individual comatose from an apo plectic attack the facial muscles on the side opposite to the

bulbomimic reflex (*continued*)
lesion will contract In coma of toxic origin facial muscle contraction is bilateral

Burger Known also as *Garel s sign* In diseases of the antrum of Highmore absence of light perception on the affected side during transillumination

Burghart In early stages of pulmonary tuberculosis the fine rales which may be heard over the anterior inferior margin of the lung

Bürklen s sign In patients with coronary thrombosis with sub sequent myomalacia cordis the temperature may differ in the two axillas This difference may be 1 2 C and is due to the vasoconstrictive irritation originating in the dis ased portion of the coronary artery The temperature is lower in the axilla of the diseased side Thus if a branch of the left coronary artery is obstructed the temperature will be lower in the left axilla. This behavior results only from coronary obstruction and not in pneumonia or pleurisy

bursitis subacromial acute

Dawbarn s sign In acute subacromial bursitis pain results when the bursa is palpated while the patient s arm hangs by his side, but pain is absent when the arm is abducted

Burton Lead poisoning of chronic type is characterized by a blue line at the junction of the teeth and gums

Buzzard s reflex This is a variant of the patella reflex similarly excited by tapping the quadriceps muscle tendon the patient in a sitting posture with the toes pressing upon the floor

C

cachexia See *myotatic irritability sign*

cachexia malignant

Rommelaere s sign This sign consists of marked reduction of phosphates and sodium chloride in the urine

calculus renal

Lloyd s sign In renal calculus deep percussion over the loin of the affected side will cause pain when pressure is without effect

calculus ureteral

Sumner s sign When increase in tension of the abdominal muscles is found on superficial palpation of the right iliac fossa it is indicative of appendicitis stone in the ureter or an ovarian cyst with a twisted pedicle

calculus urinary See under *urinary*

cancer of breast See *Tees sign*

cancer of breast and suppuration of ducts Refer to *Ben adon s sign*

cancer of the stomach See *Boas sign*

cancer visceral as revealed by spontaneous thrombosis For details see *Trousseau s sign # 3*

Cantelli This is also known as the *doll s eye* sign and like wise known as *Widowitz s sign* It is met with in the paralysis of diphtheria and consists of dissociated movements of head and eyes When the head is raised the eyes are lowered and *vice versa* The movements are sluggish and often associated with protrusion of the eyeballs

capillary pulse See under *pulse*

Capp s reflexes These are induced by irritation especially of an inflamed pleura One is a vasomotor reflex and the other a cardiac reflex. The vasomotor reflex is characterized by more or less marked collapse with sweating drop in blood pressure pallor and prostration Recovery is the rule

The cardiac reflex is more spectacular and almost always fatal within a brief period of time Either of these reflexes may be met with in the acute phase of a pleuritis when thora centesis is being practiced

capsulothalamic syndrome This is characterized by elevation of the affective tone and instability of the emotions I emi anesthesia and hemiplegia of the affecte l side This occurs in lesions of the optic thalamus and internal capsule I ersistent hemianesthesia always suggests involvement of the optic thalamus or the posterior limb of the internal capsul

Carabelli The evidence of congenital lues from tl e standpoint of the teeth are the Gothic arch Moon s mulberry molar the so call d Carabelli tubercle and Hutchinson s teeth

Carcinoma

Leser Trelat sign Carcinoma may be suspected when warts pigmented foci and senile angiomata are present on the skin

carcinoma gastric fluoroscopic sign of

craterlike ulcer or niche For details see *Carman s meniscus sign* of carcinoma of the stomach

carcinoma and gastric ulcer

Zugsmith s sign It consists of an area of percussi n dull ness in the second interspace extending beyon l tl e sternum on each side

carcinoma metastatic of the rectum or infiltration of Douglas pouch

Blumer s or **Strauss sign** This was first referred to by Strauss in 1895 and in 1909 was termed by George Blumer the rectal shelf Blumer defines this sign as a shelf like metastasis projecting into the rectum as a result of infil tration of Douglas pouch with inflammatory or neoplastic material.

carcinoma pyloric

Tansini s sign In this condition the abdomen is scaphoid unless metastasis exists in the bowel below and then the abdomen is prominent

carcinoma thoracic

suprasulcus type See *Pancoast s syndrome*

carcinoma of the breast See *Pees sign*

carcinoma of the stomach

Boas sign The presence of lactic acid in the gastric juice.

carcinoma and ulcer of stomach

Zugsmith s sign It consists of an area of percussion dull ness in the second interspace extending beyond the sternum on each side

Cardarelli In aneurysms and in dilation of the aortic arch transverse pulsation of the larynx and trachea occurs (Known also as *Castellino s sign*)

cardiac asthma syndrome It is unfortunate that this term has crept into medical literature because asthma strictly implies some form of sensitization In the cardiac case however the lesion is myocardial or cardiovascular, and occasionally the cardiovascular phase of renal pathology The syndrome is characterized by sudden attacks of dyspnea with more or less pulmonary edema. See *Ridley s syndrome*

cardiac dullness

Cejka s sign In adherent pericardium the outline of cardiac dullness remains unchanged during the different phases of respiration

cardiac failure

Jackson s sign # 1 In certain cardiac failures a discrepancy between the heart beat and the rate of the pulse (Author s Note—Pulse deficit as is seen in auricular fibrillation) See *Wood s and Selt er s sign*

cardiac hypertrophy See *hypertrophy*

cardiac maculopapules

Robertson s sign # 1 This consists of the development of maculopapules of bright pink to purple according to their age occurring chiefly on the trunk rarely on the upper extremities in myocardial degeneration When viewed with a hand lens they appear to be made up of many discrete points Micro scopic sections reveal numerous capillaries some thickening of the collagen and more or less edema In luetic cardiac con ditions they may disappear with recovery of the patient but they are less apt to disappear in the nonluetic This sign was observed by W E Robert on in the wards of the Philadelphia General Hospital

cardiac reflex This is also known as Abrams reflex or Livi erato s reflex (which is a variant) Abrams reflex is elicited by manual friction of the precordial and epigastric areas which results in a reduction of the area of cardiac dullness

cardiac reflex (*continued*)
unless the elastic limit (see Hooke s law) has been reache l in cases of extreme cardiac dilation This reflex has some practical value in differentiating cardiac hypertrophy from dilation Livierato s reflex is develope l by short su l len percussion hammer strokes in the midvertical line from the xyphoid to the navel contraction of the heart area resulting

A similar response will result from tapping over the root zones of the first and second dorsal areas accor ling to Abrams but an increase in the area of cardiac dullness follows when the third and fourth dorsal root zones are tapped These latter are rarely practical however because it is manifestly simpler and better for a cardiac patient when the precordial and epigastric areas are utilized This offers some prognostic value inasmuch as a myocardium which has dilated to exceed the elastic limit will not respond readily to therapeutic measures

cardiac reflexes

Capp s reflexes May develop during thoracentesis when the pleura is in the acute phase For more detailed explanation see *Capp s reflexes*

cardiac sign A sign of cancerous cachexia This is known as Gordon s sign and also as Bouque's phenomenon This consists of an appreciable diminution in the area of cardiac dullness when the patient is recumbent

cardiac states preagonal See *Robertson # 5*

cardiohepatic angle

Ebstein s sign In moderately large and massive pericardial effusions the cardiohepatic angle becomes obtuse instead of being acute or right angled which is the normal condition

cardiorespiratory sign In infantile scurvy a change in the normal pulse respiration ratio from 4 1 to . 1

cardiovascular disease with painful shoulder See *coronary disease and painful shoulder sign*

cardiovascular reflex

Bainbridge reflex A sympathetic phenomenon characterized by increase in the heart rate whenever the great veins are di tended or an increase of pressure occurs in the great veins See *Capp s reflexes*

cardiovascular system

abdominal cavity diseases of See Mannal erg s sign

cardiovascular system (*continued*)

aneurysm of aorta Which see

angina pectoris Which see

aortic dilation disease murmurs regurgitation See under *aorta*

aortic insufficiency functional See *Loewenberg s sign*

aortitis See *Potain s # 2*

arteriosclerosis Which see

arteriovenous fistula Which see

artery aneurysm of main of a limb See under *aneurysm*

artery traumatic rupture of See *Wahl s sign*

auricle aneurysm of left See under *aneurysm*

auricle network formation in right See *Chiari s network sign*

bronchial glands tuberculosis of See under *glands*

cardiac failure See *Jackson s sign # 1*

coronary thrombosis See *Burklen s sign* also see *phreno gastric syndrome of coronary disease*

endocarditis See *Osler s sign*

esophagus constriction of See *Melt er s sign # 1*

extremity aneurysm of See under *aneurysm*

frontal lobe abscess See *pulse rate sign*

gangrene Which see

goiter exophthalmic Which see

Gouley s syndrome Which see

heart beat acceleration of See *Prevel s sign*

heart murmur timing of See *Farfel s heart murmur timing sign*

hemiplegia See *orbicularis sign*

hemorrhage Which see

hydropericardium Which see

hyperfunctioning thyroid disease Which see

hypertension arterial Which see

hypertrophy cardiac Which see

left ventricular failure See *Wood s and Selt er s sign*

leukemia Which see

malingerers Which see

cardiovascular system (*continued*)

mitral murmurs Which see
myocardium degeneration of Which see
myocardium lowered function of Which see
neurasthenia Which see
oculocardiac reflex Which see
pericarditis See under *pericardial and pericarditis*
pleural effusion Which see
preagonal cardiac states Which see.
pregnancy See *Jorissenne s sign*
pulmonary edema Which see under edema.
Raynaud s disease See *Raynaud s sign.*
scurvy infantile Which see
stenosis mitral See under *stenosis*
thrombosis Which see
tuberculosis early pulmonary See under *tuberculosis*
tumors intrathoracic and mediastinal See under *tumors*
typhoid fever See *Lesieur s sign*
vagus nerve instability and exalted irritability See under *vagus nerve*
vasoconstriction Which see
venous congestion Which see

cardiovascular system reflexes

abdominocardiac reflex Which see
bradycardia induced See *Aschner s sign* and the *oculomotor reflex*
cardiac reflex Which see
cardiac and vascular reflexes See *Capp's reflexes*
cardiovascular reflex Which see
heart reflex See *bregmocardiac reflex* and *cardiac reflex*
oculocardiac reflex Which see
pneumocardiac reflex Which see
postural slowing of the pulse See under *pulse*
pressor and depressor reflexes Which see
pulse acceleration Which see
vagal instability See *Somagyi s sign*
vagotonic reflex Which see

cardiovascular system reflexes (*continued*)
vagus reflex Which see
vasovagal reflex Which see

caries of cervical spine or neoplasm in this region
Rust s sign Met with in tuberculosis or neoplastic disease of the cervical vertebrae The sign consists in weakness of the cervical spine and pain which causes the patient to support the head with the hands during movements of the body

Carman s miniscus sign of carcinoma of the stomach This is determined during fluoroscopy by an attempt to approximate the walls of the stomach by pressure palpation The resulting thinning of the layer of the opaque medium may also be accom plished by stroking movements of the fingers from above downward during the digestion ingestion of the barium and before full distention This technique will often reveal a new growth on the posterior wall of the stomach or even the crater *of an ulcer The center of a crater will be more dense than* its shelving margins This sign may be attempted in the dorsal lateral or oblique positions and may even reveal a niche

carotid sinus syndrome This is characterized by dizziness fainting and occasionally convulsive seizures The carotid sinus or sinus caroticus is essentially a dilation of the vessel wall normally situated at the bifurcation of the common caro tid artery It functions especially as a blood pressure regulator and its chemoreceptors enable it to respond to various gaseous and chemical constituents of the blood

Castellino Same as *Cardarelli s sign* which see

Castronuovo s sign This sign occurs in the late portion of the first and in the second stage of Banti s disease In the phase when splenomegaly exists the spleen being firm elastic and plastic the sign consists of persistence in the spleen of the finger impression when firm pressure is made upon the spleen by the finger Rarely too this sign may be present in circulatory disease or any involvement of the portal cir culation with stasis of the liver and spleen This sign may be of value in the presclerotic hepatosplenic period

Cattaneo Tracheobronchial adenopathy is suggested when heavy percussion over the spinous processes of the dorsal vertebrae causes red areas to appear directly over the processes per cussed

cavernous sinus syndrome This is characterized by edema of the conjunctiva, proptosis edema of the upper lid and of the root of the nose, paralysis of the third fourth and sixth nerves indicating thrombosis of the cavernous sinus

cavitation pulmonary

Seitz s sign When in the presence of a pulmonary cavity bronchial inspiration originates harshly and becomes progressively fainter

Sieur s sign Also known as the coin sign In the presence of pneumothorax and occasionally over a large pulmonary cavity the sign consists of a metallic sound heard upon auscultation when silver coins are used as plexor and pleximeter over the air containing cavity

cavity abdominal diseases of

Mannaberg s sign In diseases of the abdominal cavity especially appendicitis the sign consists of an accentuation of the second sound of the heart

cavity formation

Gerhardt s sign # 2 In pulmonary tuberculosis with cavity formation and in pneumothorax with effusion the change of position of the patient produces change in percussion note (Authors Note—This sign is closely allied with the signs of Biermer Friedreich and Wintrich These are given in detail under the caption *cracked pot sound*)

cavity pulmonary apical

Eral's sign When a pulmonary apical cavity has discharged its fluid contents a tympanitic note will then be obtained upon percussion over the cavity It is sometimes possible to excite an attack of coughing which will expel the secretion by firm percussion over the site of the cavity The change in physical signs resulting will then enable the cavity to be detected

Celka In adherent pericardium the outline of cardiac dullness remains unchanged during the different phases of respiration

center reflex By this is implied any brain or cord center from which sensory impressions are emitted to eventuate as a motor impulse

central nervous system disease organic

Piotrowski s sign Percussion of the tibialis anticus muscle induces dorsal flexion and supination of the foot When the response is very pronounced it indicates organic disease of the central nervous system.

central nervous system lesion When an organic lesion of the motor pathway exists as a central lesion the so called tarso phalangeal reflex may be obtained For details see *tarsophalangeal reflex*

centroposterior syndrome This is characterized by syringo myelic dissociation of sensibility and vasomotor disorders The lesion occupies the gray matter of the spinal cord in the region of the central canal

cerebellar agenesis syndrome Same as *Nonne s syndrome* which see

cerebellar disease See *Holmes rebound sign* or *phenomenon* and *Andre Thomas sign* or *springlike phenomenon*
See *Wartenberg s cerebellar sign*

cerebellar disease in childhood

Hahn s sign In this condition the persistent rotation of the head from side to side

cerebellar syndrome This is the same as *Nonne s syndrome* which see also see *Mann s syndrome*

cerebellar tract disease For differentiation from the normal reflex which results from percussion of the dorsum of the foot see *Mendel s reflex*

cerebral abscess See under *abscess*

cerebral adiposity syndrome This is a neurovisceral syndrome characterized by increased fat around the waist and thighs and pads of fat over the vertebra prominens and above the elbow and knee on the inner side There is also a tendency toward sexual infantilism in congenital types and a regression of sexual function in acquired types Appetite is not increased though the sugar tolerance is This is associated with pituitary lesions and is known also as dystrophia adiposogenitalis or Frohlich s syndrome

cerebral inhibition See *biceps reflex*

cerebral syphilis

Saenger s sign This sign consists of a modification of the Argyll Robertson pupillary reflex. In the absence of the pupil

cerebral syphilis ***Saenger's sign*** *(continued)*
lary light reflex this may be restored in the case of cerebral lues but not in tabes dorsalis after the patient has been in the dark for a short period of time

cerebral tumor or abscess

Roser Braun sign This sign consists of absence of pulsation of the dura when a tumor or abscess of the cerebrum exists

cerebralcortex reflex Haab's reflex This consists of pupillary contraction of both eyes the patient being in a dark room. When a bright object is brought within his field of vision contraction of both pupils occurs without accommodation or convergence

cerebroleptomeningitis acute

Brudzinski's sign # 3 In acute cerebroleptomeningitis this sign known also as the contralateral reflex occurs and is characterized by the flexion of one leg when the opposite leg is passively flexed at the hip joint

cerebrospinal meningitis

Leichtenstern's sign In cerebrospinal meningitis tapping a bone of the extremities reveals evidences of increased irritability as shown by the wincing on the part of the patient

Lafora's sign In cerebrospinal meningitis picking of the nose is regarded as an early sign

cervical sympathetic paralysis syndrome Another name for *Horner's syndrome*

cervicobrachial syndrome This syndrome is similar to the *scalenus anticus syndrome* (which see) However K H Aynesworth of Texas is of the opinion that the vascular and nerve trunk symptoms should be expressed by a more inclusive term The symptoms are classified into neurologic symptoms vascular symptoms or a combination of the two Compression of nerve tissues results in numbness pain paralysis and loss of function Compression of vascular structures results in moderate pain edema swelling obstruction of the blood flow ending in clotting in the vessels with possibl consequent infarction of the tissues supplied by these vessels These unilateral phenomena are limited to the cervicobrachial distribution The etiologic theories of the cervicobrachial syndrome are

1 Compression of the nerve trunks
2 Injury to the nerve trunks

cervicobrachial syndrome (*continued*)

3 Injuries to the sympathetic and vasomotor nerves
4 Traumatism of the scalenus anterior muscle
5 Embryologic defects
6 Postural or functional defects
7 Narrowing of the upper thoracic cap as a result of adjacent infections or anatomic defects
8 Acute infections producing myositis
9 Intermittent traumatism to the subclavian artery
10 Cervical rib

Cestan See Dutemps Cestan

Cestan's syndrome In pontine lesions the occurrence of a contralateral hemiplegia or hemiparesis hemianesthesia of the discriminatory type dissociated ocular movements and a homolateral hemiasynergia (tremors and incoordination) This results from a thrombosis of one of the large branches of the basilar artery and implicates the pyramidal tract, mesial fillet inferior cerebellar peduncle posterior longitudinal fasciculus and occasionally the abducens nerve

Cestan Chenais syndrome Same as *Cestan's syndrome* which see

Chaddock's reflexes

1 In conditions involving the pyramidal tract extension of the great toe will result when stimulation or irritation is employed around the external malleolus

2 Occurs particularly in hemiplegia In this condition if the ulnar side of the forearm is irritated over its lower extremity near the wrist flexion of the wrist takes place and at the same time the fingers extend and spread out

Chadwick's sign This consists of a purplish discoloration of the vagina in early pregnancy

chain reflex This is a term at one time used to describe a consecutive reflex state in which a series of reflexes results each acting to stimulate a successor up to the point of summation It seemingly has no clinical import but is dependent upon the central excitatory state or c e s The c i s or central inhibitory state will decrease the activity of the motor neurons Essentially therefore any reflex is dependent upon the domi[illegible] of one or the other of these states

Charcot

1 In peripheral facial paralysis the raising of the eye brow In facial contraction the lowering of the eyebrow

2 Arteriosclerosis of the legs and feet claudication or intermittent limping

Charcot s syndrome Intermittent claudication which is of vascular origin but is often simulated in the early stage of locomotor ataxia

Charcot Vigouroux Known also as Vigouroux s sign Diminished skin resistance to the electric current in exophthalmic goiter

Charlin s syndrome In eye disturbances of nasal origin characterized by intermittent periods of pain which may last for ten minutes to one hour inflammation of the eye (iritis ulceration of the cornea) serous rhinorrhea and tenderness of the nasal portion of the orbit or at the ala of the nose Immediate relief is obtained by the application of cocaine to the lateral wall of the nose For anatomic reasons involvement of the supra orbital division of the fifth cranial nerve in nasal or paranasal sinus disease pupillary instability is the rule and refraction of the eyes is unsatisfactory

Chase When the descending colon is obstructed manually or otherwise pain occurs in the region of the cecum when the examiner makes pressure quickly and deeply along the trans verse colon from left to right

Chauffard s syndrome Same as *Chauffard Still syndrome* which see

Chauffard Still syndrome The existence of the symptoms of Still s disease in cases of bovine or other nonhuman forms of tuberculosis

This syndrome is mainly characterized by enlarged spleen and lymph nodes, and increased temperature with poly arthritis

Chaussier Pain in the epigastrium which may precede eclampsia

cheek phenomenon

Brudzinski s sign **# 4** In tuberculous meningitis the so called cheek phenomenon may be present If pressure is made on both cheeks just below the zygoma, a reflex upward jerking of both arms takes place with flexion of the two elbows at the same time

chemical reflex This is a term introduced to describe physiologic response to the action of a hormone This term covers responses to such substances as histamine choline acetyl choline adenylic acid and probably unidentified substances

cherry red spot

Tay s sign Met with in amaurotic family idiocy The sign consists of a red spot occurring bilaterally on the retina in the region of the macula (Authors Note—Amaurotic family idiocy is also known as Tay Sachs disease after Warren Tay and Bernard Sachs New York neurologists)

Cheyne-Stokes This occurs especially in states of coma and particularly in the cardiorenal group where edema of the brain is common as a late manifestation It is a crescendo and diminuendo rhythmical type of breathing occurring in cycles spaced after the descending phase by periods of apnea of variable duration from a few seconds to a minute In some instances the pupils contract during the apneic period and gradually dilate with the increasing phase of the respiratory cycle Dyspnea is sometimes manifest about the apex of the respiratory movements and changes in the color of the skin are not uncommon during the periods of apnea and the other periods constituting the respiratory cycle

Chiari s network sign In 1897 Dr Hans Chiari described a network formation occasionally met with in the right auricle, believed by him to be a developmental anomaly The incomplete remainder of the valvula venosa dextra and the septum spurium represented by filaments attached to the Eustachian and Thebesian valves on one side and to the crista terminalis or to the region of the Tuberculum Loweri on the other Dr Robert Wilson believes with Yater and Helwig that it would be found more often if sought for carefully at a post mortem

The sign consists of a most peculiar low pitched thonging murmur heard along the right sternal border from the third rib region downward The murmur has a musical quality and fades off into a distant purr It was so described by Alvarez and Hermann in their case reported in 1931

Dr Wilson s case (J A M A 111 917 [Sept] 19 8) presented a humming murmur with systolic accentuation at the sternal end of the fourth and fifth *left* interspaces which resembled the so called venous hum The area of distribution was quite limited '

Chiari's network sign (*continued*)

He suggests that a humming murmur at the site described should lead one to suspect the presence of Chiari's network or patency of the interventricular septum

The septal defect was described by Henri Roget in 18 9 a congenital anomaly and is usually accompanied by a systolic thrill and a murmur (*bruit de Roget*) best felt and heard in the left third intercostal space when the patient is lying prone or in the left lateral position

Wilson points out that the network may furnish a site for thrombus formation and may be the source of a pulmonary embolus

Chiari's syndrome A syndrome of thrombosis of the hepatic vein first described by Chiari in 1899 The symptoms are those of varying degrees of portal obstruction and hepatic insufficiency The syndrome assumes an acute and chronic form.

1 Acute—Rapid symptomatology and death early following a short period of vague epigastric and right upper abdominal complaints Liver congestion with tenderness thereover large spleen massive ascites (fluid rapidly reaccumulates in spite of frequent tapping) dilated superficial thoracic and abdominal veins and finally vomiting delirium coma and death from hepatic insufficiency

2 Chronic — Repeated small thromboses causing incomplete occlusion Replacement fibrosis of necrotic hepatic tissue occurs with eventual hobnail fibrosis When the repeated thromboses prove too great for the collateral circulation death occurs a few months after the onset of the illness although some cases survive a number of years The cause of death is hepatic insufficiency Kahn and Spring emphasize the close relation of this to the hepatorenal syndrome of Heyd They stress the importance of circulation time (ether and saccharine) and venous pressure as differential diagnostic aids The former is normal and the latter rises rapidly with pressure over the liver (Authors Note—A possible confusing factor is a form of localized syphilitic peritonitis occurring in the notch of the liver which was described by Osler In this condition there is also a rapidly recurring ascites without the picture of a Heyd's hepatorenal syndrome)

chiasm optic embolism or thrombosis of

Wernicke s hemiopic sign This is a sign especially of a lesion in one or other optic chiasm and does not occur when the lesion involves the occipital lobe An isolated lesion in the cuneus may cause a lateral hemiopia, but in the vast majority of instances the lesion is sudden in origin embolic or thrombotic and occurs in the tract of one or other side There is a loss of both right or left visual fields (lateral homonymous hemianopsia) the actual lesion being on the side opposite to the dark fields In hemianopsia from injury or disease of the optic tracts contraction of the pupil follows only when a pencil of light rays is directed upon the functioning half of the retina *When directed upon the blind half* the pupil will not contract The lesion is one occurring at the corpora quadrigemina or in the tract between this and the optic chiasm This sign was foreshadowed by Von Graefe but described first by Wilbrand of Berlin in 1881 by Wernicke in the Fortsch *der Med 1883 and by Seguin (Journal Ner* vous and Mental Diseases 1887)

chiasmal syndrome This is characterized by impairment of vision (optic atrophy) limitation of field central scotoma headache vertigo and syncope Essentially neighborhood phenomena which attract attention to possible involvement of the pituitary gland

chin reflex or jaw jerk Elicited by a short sharp blow on the lower jaw with a percussion hammer or, in some instances merely by a stroking of the lower jaw resulting in clonic movement

chin retraction sign This sign described by J N Human was observed by him in more than half of six hundred patients he observed to the third stage of anesthesia. The sign is that of a downward movement of the larynx and chin during inspiration The depressor muscles of the chin always become more or less tense even when the chin fails to move This tension of the muscles below the chin can be felt by the anesthetist s fingers as he anesthetizes the patient It begins when the corneal reflex disappears (the pupils begin to dilate and eyeball movements cease) This sign is always more pronounced when a closed system of anesthesia with rebreathing is employed and it occurs whether ether chloroform or nitrous oxide is the anesthetic It is probably explained by the downward

chin retraction sign (*continued*)
movem nt of the diaphragm and the downward movement of the lungs also carrying downward the trachea and larynx with their attachments

chlorosis

Golonbov's sign The tenderness elicited upon percussion over the tibia.

choked reflex In performing skiascopy in relation to ophthal mology (the terms retinoscopy or pupilloscopy are u ed inter changeably) lenses are inserted before the eye until the point of reversal is reached In this way it becomes possible to calculate the optical properties of the eye as to whether the eye is emmetropic hyperopic or myopic

cholecystitis (gallbladder disease)

Naunyn's sign In cholecystitis when the examiner suddenly makes upward pressure with the fingers in the external limits of the right epigastrium beneath the costal arch at the end of a full inspiration a sensation of deep seated tenderness results (Authors Note—More definitive are the reflex phenomena occurring in the right upper quadrant of the abdomen about the region where the anterior branch of the ninth intercostal nerve passes through the head of the right rectus muscle In any case of actual cholecystitis tenderness and plus tension will be marked and extensive in direct proportion to the degree of existing cholecystitis In the most acute cases even hyper esthesia may be present Further because of the relationship of a twig of the right phrenic to the gallbladder centripetal impulses stimulate lower cervical centers especially the third and fourth by way of the phrenic hence painful stimuli can be elicited by compressing the trapezius muscle)

See *hunger pain syndrome*

xiphoid sign Which see

cholecystitis and perivisceral adhesions For details see *Leotta's sign*

cholecystohepatic flexure adhesions See *Ferbry ke's syndrome*

chorea syndrome Same as *Hunt's striatal syndrome*

Christian's syndrome This is characteriz l by dial etes insipidus plus exophthalmos and defects in the membranous bones (Originally described by Hand in 1893 and more fully in 1919 by Christian) It is met with in children and is a d sea e of the ret culoendothelial system

Chvostek In tetany from any cause a sudden spasm of the muscles occurs on tapping one side of the face This is best produced by tapping the masseter muscle when the mouth is partly open The tap is best applied just below and in front of the ear and the response from mild to severe depends upon the degree of hyperexcitability of the facial nerve

ciliary reflex In accommodation of the eye the normal movement of the pupil is spoken of as the ciliary reflex

ciliospinal reflex This implies a response on the part of the ciliary body and spinal cord the reflex consisting of dilation of the pupil when the vein of the neck is irritated or stimulated (Authors Note—A pain stimulus in any part of the body will result in dilation of the pupil This is well exemplified by the gallbladder reflex in the abdominal wall and right trapezius by a sudden sharp pinching of the skin and is sometimes of value in disclosing malingering)

cirrhosis chronic alcoholic As a cause of pseudohemophilia hepatica hemorrhages and failure of the blood to clot For details see *Frank s sign*

cirrhosis hepatic

Gilbert s sign In hepatic cirrhosis the condition known as opsiuria This means that more urine is excreted during fasting than during digestion

Citelli s syndrome This is characterized by mental backwardness loss of power of concentration insomnia and or instead drowsiness It is sometimes referred to as aprosexia and is met with in children with large adenoids or severe sinus infection facial changes resulting if the primary condition is not corrected

Clado s point See under *appendicitis*

Clark In abdominal tympany the sign consists of obliteration of hepatic dullness

Clarke Hadfield syndrome This is characterized by congenital pancreatic disease with infantilism

Claude s hyperkinesis Painful stimuli applied to paretic muscles excite reflex movements This is a sign of organic hemiplegia and when it exists the prognosis is more favorable Pricking pinching or very deep pressure of a totally paralyzed limb may result in extension or flexion

Claude-Bernard Horner syndrome Same as *Horner s syndrome* which see

clavicular sign in congenital syphilis This sign was called to attention by Higoumenakis who described it as a tumefaction of the inner third of the right clavicle He regards it as more frequent than other stigmata of congenital syphilis He suggests that it is due to a spirochetal osteitis with resulting hyperostosis

Claybrook Presence of fluid exudate or blood in the abdominal cavity due to rupture of one of the abdominal viscera manifests itself by transmission of cardiac and respiratory sounds which may then be heard over the abdomen

Cleeman Folding or creasing of the skin just above the patella indicates fracture of the femur with overriding of the fragments

Cloquet s needle As long as life be sustained a clean needle plunged into the biceps rapidly undergoes oxidation After death this does not occur

Clough and Richter s syndrome This is an anemia in which the red corpuscles exhibit a severe degree of autoagglutination Originally described by Clough and Richter in 1918 in a woman with bronchopneumonia. Autoagglutination of her erythrocytes persisted after her recovery and a similar condition was found in the blood of her daughter

cocaine addicts

Magnan s sign In cocaine addicts a paresthesia as though foreign bodies were under the skin

cochleoorbicular reflex See *cochleopalpebral*

cochleopalpebral or cochleoorbicular reflex A sudden noise produced near the ear of an individual results in contraction of the orbicularis palpebrarum muscle This does not result in cases of complete deafness occurring in diseases of the labyrinth or otosclerosis

cogwheel breathing Frequently heard in early tuberculosis of the lungs but not very significant because it may occur as the result of nervousness fatigue or muscular pain. The respiratory element is interrupted though wavelike and smooth

cogwheel phenomenon

Negro s sign # 2 This consists of irregular jerky move

cogwheel phenomenon *Negro s sign # 2 (continued)* ments when a hypertonic muscle is passively stretched It is a form of resistance movement

Cohen S Solis This sign consists of a margin of exposed sclera when the patient with eyes closed is told to open them or to wrinkle the forehead This condition results from the lag of the upper eyelid in the presence of exophthalmos and is directly proportional to the degree of exophthalmos

coin sign or test

bruit D Arain of Trousseau Pneumothorax and more rarely a tuberculous cavity may furnish a bell like metallic tympanitic note when a silver coin is placed over the air containing cavity and is struck by a second silver coin used as a pleximeter Rarely a similar sound may be produced over a distended stomach Auscultation is always practiced on a surface opposite to that upon which the coin is applied Known also as Sieur s sign.

cold test in pregnancy

Randall s sign The employment of cold water by immersing one or both arms as originally suggested by Hines and Brown for the determination of potential hypertensive patients has been applied by Randall as a test in pregnancy Randall and his colleagues believe that the hypertension which may develop in the later months of pregnancy is due to a vasospastic toxin They further believe that a pregnant woman who develops an exaggerated response when her arm is immersed in cold water should be watched with added care as being a potential toxemic case in the later months of pregnancy Women who constantly responded normally to the cold test did not develop toxemia but a hypertensive reaction occurred in all cases in which toxemia later developed

The value of this test is denied by Ried and Tied who studied it in 34 normal patients during their pregnancies Both in normal and toxemic pregnant patients results failed to suggest the value of the test in revealing an impending toxemia

Cole Roentgenographic evidence of deformity of the duodenal cap in duodenal ulcer

Colle s fracture

Maisonneuve s sign In Colle s fracture the marked hyper extensibility of the hand

Collet's syndrome Same as *Villaret's* which see

colon obstruction descending

Chase's sign Whether produced manually or by stricture or new growth, pain will be felt in the cecal region when the examiner makes pressure quickly and deeply along the course of the transverse colon from left to right

coma reflex Differentiation of hemiplegic coma from coma of toxic origin may be made by pressure upon the eyeball In the hemiplegic facial muscle contraction occurs on the side opposite to the lesion whereas in toxic coma facial contraction becomes bilateral

coma diabetic

Riesman's sign # 2 The softening of the eyeball occurring in this condition.

coma due to cerebral lesion

Courtois sign In coma resulting from a cerebral lesion The late Adolphe Courtois was the first to describe this sign as an aid in localizing a circumscribed lesion in a comatose individual With the patient supine flexion of the head upon the chest produces only in one region automatic flexion of leg on thigh and thigh on the abdomen This movement occurs only upon the side of the lesion causing the coma and is definitely unilateral.

combined plantar sign The simultaneous disappearance of the cortical and spinal plantar reflex met with in hysteria

Comby An opalescent or dirty white patchy exudate on the gums and occasionally on the buccal mucosa relatively early in measles

commemorative sign Any sign remaining as evidence of a previous disease as pockmarks from smallpox or atrophic scars or the saddle nose of syphilis as instances Physiologically the linea albicantes

Comolli's sign in fractures of scapula This was originally described in Zentralblatt fur Chirurgie 59 937 (April 9) 1932 The sign is of especial value in the diagnosis of fracture of the surgical neck and body of the scapula Shortly after the trauma a triangular swelling develops in the region of the involved scapula due to an accumulation of blood anteriorly and posteriorly to the scapula For anatomic reasons blood

Comolli s sign (*continued*)
cannot escape hence a cushionlike swelling develops more or less corresponding to the outline of the scapula. It may persist for some days

complementary opposition

Grasset s sign In incomplete organic hemiplegia the patient will be unable to raise both legs simultaneously though able to raise either one separately This is also known as the *Grasset Bychowski sign Grasset phenomenon* and *Grasset Granssel phenomenon*

conditioned reflexes This is a term coined by Ivan Petrovich Pavlow a Russian physiologist (1849 1936) The usual type of inherited reflex referred to by the biologist as ' instinct Pavlow termed unconditional Reflexes acquired as a result of repetition and training he spoke of as conditioned ' or conditional reflexes Conditional reflexes in infants were first described in 1907 by his pupil Krasnogorsky This phase of reflexes was responsible for the development of behavioristic reflexes by J V Watson in 1916 (Pavlow s work on conditioned reflexes was translated by G V Anrep and published in 1927)

congenital anomalies See *Klippel Feil syndrome* and *Ellis van Creveld syndrome*

congenital dislocation of the head of the femur

Dupuytren s sign # 2 This condition is characterized by a free vertical movement of the head of the bone upwards and downwards

congenital syphilis See under *syphilis*

conjunctiva cloudiness of

Larcher s sign This is a sign of death and consists of a cloudiness of the conjunctiva a grayish discoloration which tends to become darker (Authors Note—The widely dilated pupil in the absence of syne hiae and the absolute softness and yielding character of the eyeball should also be borne in mind)

conjunctival reflex The normal defensive reflex consisting of closure of the eyelids when the conjunctiva is touched or even threatened Known also as the corneal reflex and lid reflex

consensual reflex This must not be confused with the consensual light reflex The consensual reflex known also as the crossed

reflex bespeaks an exalted response and consists of a reflex on the opposite side of the body to which stimulation is practiced If the stimulation be sufficiently great a consensual reflex may result and the same result will follow when inhibition is less than normal In lateral sclerosis for instance an overflow to the opposite side may result hence a consensual reflex.

consensual light reflex A normal phenomenon consisting of contraction of one pupil usually to a less degree than that of the opposite pupil which is directly exposed to the light

contraction of adductors sign See under *appendicitis*

contralateral reflex

1 This is often referred to as an overflow when for instance in eliciting a knee jerk on one side the opposite leg undergoes passive extension This may occur in tuberculous meningitis or in lateral sclerosis or cerebrospinal meningitis

2 ***Brudzinski's sign # 3!*** Occurs in acute cerebroleptomeningitis and is characterized by the flexion of one leg when the opposite leg is passively flexed at the hip joint

convulsive reflex This is a condition in which individual muscles or groups of muscles incoordinately contract in a convulsive and usually clonic manner

Coopernail In fracture of the pelvis small extravasations of blood occur on the perineum and on the scrotum or labiae

coordinated reflexes These are the reverse of the convulsive type in that reaction occurs coordinately with resulting orderly progression

Cope's sign See under *appendicitis*

Cope's femoral test See *femoral test* under *appendicitis*

copper poisoning

Corrigan's sign # 3 In chronic copper poisoning a purple line which forms at the junction of the teeth with the gums

cor pulmonale syndrome This syndrome occurs as a result of pulmonary embolism or thrombosis with such predisposing factors as cardiac disease (valvular and myocardial) obesity cachectic states severe anemia and as a postoperative phenomenon

Among predisposing factors apt to be overlooked are two congenital ones (1) An incomplete development of the interventricular septum (2) Chiari's network A congenital lesion

cor pulmonale syndrome *(continued)*
in the right auricle consisting of a roughened area between the orifices of the superior and inferior cavas Perhaps any factor leading to slowing of the blood current as any phase of shock or postoperative increase in platelet counts, are manifestly important

The syndrome develops acutely with dilation of the pulmonary artery and right ventricle an accentuation of pulmonic second sound protodiastolic gallop rhythm in second and third interspaces left of the sternum. Pain varying in degree cyanosis dyspnea, cough and sometimes bloody sputum with more or less evidence of shock increased pulse and respiratory rate with a fall of systolic blood pressure Unless death occurs within a brief period fever and leukocytosis develop

corneal opacities As a sign of impending death Refer to *Brunati s sign* Also *Larcher s sign*

corneal reflex This is produced either by direct corneal or conjunctival irritation closure of the lids resulting

Cornel This sign described by A Pareja Cornel is that of a painful spot in front of the scalenus muscle corresponding to the area of the phrenic nerve which he regards as a diagnostic sign of acute malaria He believes the pain to result from a hepatosplenic syndrome Note in this connection the acute phrenic pressure point in gallbladder disease For reference see *gallbladder disease phrenic pressure point*

corneomandibular reflex When the mouth is held open in a somewhat relaxed fashion the mandible will be deflected toward the right side when the left cornea is irritated and *vice versa*

coronary disease and painful shoulder sign This sign has been noted by a number of observers It consists of pain with more or less limitation of motion of the left shoulder less often the right with anginal pain This latter may be relieved by glyceryl trinitrate but the shoulder pain persists Unlike the pain of angina pectoris shoulder pain is not increased by effort

corpus callosum syndrome This consists of a varying degree of psychic and psychomotor phenomena

corpus callosum syndrome (*continued*)

1 Psychic Loss of association of ideas loss of memory for recent events character changes as irritability and care

2 Psychomotor ingravescent hemiplegia simulating a slow, gradual increasing hemorrhage into the brain Flaccid paralysis the face rarely involved Speech disturbance exaggerated deep reflexes Apraxia more or less pronounced i e, inability to perform purposeful movements With this is associated the so called mind or 'object blindness which is responsible for the bizarre acts

Duret has described three clinical syndromes according to the particular site of the corpus callosum involvement which he has spoken of as anterior middle and posterior lesions

corpus striatum syndrome Same as *Vogt s syndrome* which see

Corrigan

1 A sign of aortic regurgitation also call d Corrigan s pulse or water hammer pulse A rapid filling followed by rapid emptying

2 In adynamic fevers the shallow and frequent blowing type of respiration

3 In chronic copper poisoning a purple line which forms at the junction of the teeth with the gums

4 In aneurysm of the abdominal aorta an expansile pulsation

corticospinal disease

fan sign In children up to four or five years of age also in corticospinal disease and after morphine or the recovery phase of a general anesthetic the so called fan sign may be elicited by stroking the sole of the foot It consists merely of spreading of the toes without the combined flexion and extension as seen in the typical Babinski

corticospinal reflex path lesions

Chaddock s sign Corticospinal reflex path lesions are characterized by extension of the great toes when the skin of the external malleolar region is irritated In many instances the remaining toes flex in fan shape just as they do in eliciting Babinski s sign or reflex

Cotard s syndrome This is characterized by paranoia with delusions of negation suicidal tendency and sensory disturbances

coughing sign

Huntington s sign In lesions of the palliospinal path when the patient is told to cough forcibly the act will be followed by flexion of the thigh and extension of the leg on the para lyzed side The patient must be recumbent with the legs dependent over the edge of the bed

Courtois sign In coma the result of a cerebral lesion The late Adolphe Courtois was the first to describe this sign as an aid in localizing a circumscribed lesion in a comato e individual With the patient supine flexion of the head upon the chest produces only in one region automatic flexion of leg on thigh and thigh on the abdomen This movement occurs only upon the side of the lesion causing the coma and is definitely uni lateral

Courvoisier Increase in size of the gallbladder from obstruction of the common duct is indicative of tumor rather than of cal culous disease This is sometimes referred to as Courvoisier s law

Courvoisier-Terrier syndrome This is characterized by dilation of the gallbladder retention jaundice and putty colored feces It oc urs when obstruction takes place at the papilla of Vater The cause may be an impacted stone or a tumor within the papilla or a tumor making external pressure

cracked pot sign This sign also known as bruit de pôt f lè occurs in cavity formation in pulmonary tuberculosis when th cavity is fairly large and contains both air and a little fluid or when it communicates with a bronchus The percussion stroke should be fairly h avy over the suspected cavity and the examiner elicits the sound with his ear placed close to the patient s open mouth It may also be simulated over lung tissue adjacent to a pleural effusion or pneumonic consolida tion and occasionally during the period of inflation over the lung of a crying child In cavity formation the following signs have also been described Gerhardt s sign in which the pitch of the percussion note over a cavity changes with the position of the patient Friedreich's sign in which the pitch is raised in inspiration and lowered during expiration Wintrich s sign in which the p rcussion note is both raised in pitch and int nsi fied when the patient opens his mouth as compared with his mouth being closed

cramps leg

Unschuld's sign A sign indicative of incipient diabetes consisting of cramps in the calves of the legs (Authors Note—Cramps in the legs may occur in peripheral neuritis from any cause and they are not uncommon in those having varico e veins In Ireland and occasionally among the Eng lish where excessive amounts of tea are consume l cramps in the legs are said to be a manifestation of this habit They may also be a manifestation of intermittent claudication of Buerger s disease of senile vascular degeneration and of tabes dorsalis It must not be forgotten too that deformities of the feet food deficiency especially vitamin B and nutritional edema in extreme cases may invite cramplike pains in the lower extremities)

cremasteric reflex A normal phenomenon and consisting of retraction of the testis on the same side as that upon which the skin is stroked upon the front and inner side of the thigh

Crichton Browne In paretic dementia tremor of the outer angles of the eyes and of the labial commissures

critical reflex See *epigastric reflex* and *vascular lues*

crossed or indirect reflex Is elicited when hypertonic motor centers exist or inhibition is markedly lessened The reflex consists essentially of an overflow In eliciting a knee jerk, for instance a response will be obtained also upon the opposite side but usually less marked than upon the side stimulated

Crowe s sign In unilateral sinus thrombosis engorgement of the bilateral retinal vessels occurs when the jugular vein on the healthy side is compressed Under normal conditions it is necessary to compress both jugular veins in order to induce engorgement of the bilateral retinal veins

Cruveilhier When a saphenous varix exists a fine tremor can be felt on palpating the swelling If the swelling in the groin is palpated when the patient coughs this tremor imparts the sensation of fluid entering the sacculation

cry Douglas See under *Douglas*

cry night The so called pavor nocturnas ' a night terror or shrill cry uttered by a child in sleep It may usher in an acute joint condition as in acute articular rheumatism or rickets and sometimes occurs in children with enlarged tonsils and adenoids

cry reflex This is essentially a painful response during sleep when a child with hip disease shifts position The same thing is true of children with rickets or osteomyelitis and the sudden cry of a child with meningitis should be differentially kept in mind

cuboidodigital reflex See *Bechterew Mendel s reflex*

Cullen

1 In ruptured extrauterine pregnancy discoloration of the skin in the region of the umbilicus

2 In acute pancreatitis as in extrauterine pregnancy the sign consists of discoloration about the umbilical area It is possible for blood to extravasate through abnormal apertures in the peritoneum and transverse fascia permitting the blood to reach the subcutaneous tissue Another possibility is that the blood extravasates extraperitoneally the pancreas being an extraperitoneal organ thus the extravasated blood could reach the midline anteriorly by passing around in the subperitoneal space between the peritoneum and the transverse fascia finally being limited by the suspensory ligament of the liver above and the urachus below the umbilicus Blood will then diffuse into the flanks hence bloodstained peritoneal fluid In ruptured ectopic gestation it is probable that this sign would be positive only when the extraperitoneal portion of the tube is involved thus permitting extravasation between the layers of the broad ligament

3 This is a sign of antepartum rupture of a cesarean scar and is essentially similar in physical appearance to that of *Cullen s sign # 1* This is not necessarily associated with intraabdominal bleeding but it is believed that injury to the peritoneum is associated with rupture of the uterus thus permitting hemorrhage into the abdominal wall

Cushing s syndromes

1 Characterized by regional plethora rapidly gained regional obesity kyphosis hypertension hypertrichosis genital dyscrasia amenorrhea in the female purplish striae debility sometimes hyperglycemia and osteoporosis This occurs according to Cushing in basophilic cell involvement of the pituitary gland

2 Cushing s angle tumor syndrome Cerebell pontine tumor These are rarely malignant and often begin as fibromas

Cushing's syndromes #2 (*continued*)
of the N 8th As they grow they make pressure in the angle between the pons and the middle cerebellar peduncle They may become cystic and are characterized by progressive deafness and sometimes tinnitus on the affected side nystagmus on looking toward the affected side If the N 6th is involved (N abducens) there is external rectus palsy on the affected side Sometimes slight anesthesia of the face on the side of the tumor As a late manifestation cerebellar phenomena, as swaying staggering and vertigo and the tendency to fall to the opposite side choked disc increasing in extent and bilateral though often more marked on the affected side

cutaneous nerve external

Bernhardt's sign When for any reason this nerve is irritated both paresthesia and painful areas of the thigh occur on the affected side See *Meralgia paresthetica*

cutaneous pupillary reflex This reflex consists of pupillary dilation when the skin is pinched in practically any portion of the body though it is most easily demonstrated on pinching the skin of the neck or trapezius areas This is also exemplified by the exalted sensation existing in the acute or subacute gallbladder acute appendix or relatively recent gastric or duodenal ulcer reflexes

cutaneous reflex When the skin is irritated it may be thrown into wrinkles or in some instances may produce a pilonidal reflex sometimes associated with a sensation of chilliness the common gooseflesh

cysts except those of hydatid origin

Santoni's sign A short hollow or booming sound transmitted to the ear on auscultatory percussion

cyst dermoid

Oliver's sign # 2 If a tumor is found anterior to the uterus in the case of a young single woman especially it is most likely to be a dermoid cyst (Note—A sign described by Olshausen is essentially the same as above)

cysts hydatid For details see *echo sign*

cyst ovarian with twisted pedicle

Sumner's sign When increase in tension of the abdominal muscles is found on superficial palpation of the right iliac fossa it is indicative of appendicitis stone in the ureter or an ovarian cyst with a twisted pedicle

cysticercus disease of fourth ventricle See *fourth ventricle*

D

Dalrymple In exophthalmic goiter the unusual width between the eyelids showing an abnormal amount of the sclera.

D Amato s sign This sign consists in displacement of the dull ness from the vertebral area to the cardiac region when the patient changes from a sitting position to a lateral position and reclines on the side opposite to the pleural effusion This presupposes a freely moving pleural effusion and when the patient assumes the lateral position the weight of the fluid and its displacement are responsible for the changes in dull ness anteriorly impairment developing in the anterolateral inferior aspects on the side opposite to the effusion

Damoisseau A curved line marking the upper limit of flatness in pleural effusion First described in The Revue Medicale of 1843 and later called the curve of Damoisseau It is better known probably under the name of Ellis line or Ellis Gar land line Ellis first paper on this topic was read before the Boston Society of Medical Improvement March 1873 and again before the same Society at the October meeting of the same year and published in the Boston Medical and Surgical Journal Vol XC 1874 p 13 Another paper by Calvin Ellis Jackson Professor of Clinical Medicine at Harvard appeared in the Boston Medical and Surgical Journal Vol XCV 1876 p 689 under the title Curved Line in Pleural Effusion G M Garland Professor of Thoracic Diseases at the Uni versity of Vermont referred to this subject as the Letter S Curve in a paper published in the New York Medical Jour nal Vol XXX 1879 p 494

Dance In intussusception the depression often seen in the right iliac region

Danlos syndrome This is characterized by overextensibility of joints hypertrophy of the joints hyperelasticity of the skin fragility of the skin and pseudotumors following trauma. This is a congenital syndrome of rare occurrence, and its sub jects may be seen in side shows as objects of curiosity The three parts to this syndrome are as follows

Danlos syndrome (*continued*)

1 The skin especially at the elbows and knees is abnormally elastic It may be pulled out to excessive distances and snap back like a rubber band

2 Overextensibility of the joints especially at the base of the thumb

3 The skin is easily injured to form thin atrophic scars which occur especially at the elbows and knees This syndrome is also called the *Ehlers Danlos syndrome*

Dartos muscle reflex This consists of a wormlike contraction of the dartos muscle when a cold application is suddenly made *to the perineum. This is best elicited with the patient in the* erect posture with legs widely separated

Davidson s reflex Consists of the light reflected through the pupillary area when a small diagnostic electric light bulb is held in the closed mouth preferably in a dark room

Davidsohn Tumor or exudate in the maxillary antrum is indicated when illumination of the pupil is decreased during trans illumination by means of an electric light placed in the mouth

Davis One of the signs of death When the pulseless arteries feel empty or are even impalpable and at the same time assume a yellowish or pale tint

Dawbarn When acute subacromial bursitis exists pain results when the bursa is palpated while the patient s arm hangs by his side but pain is absent when the arm is adducted

death signs of

arteries pulseless impalpable See *Davis sign*

Cloquet s needle Which see

conjunctiva cloudiness of Which see

corneal opacities See *Brunati s sign* and *Larcher s sign.*

Hering s phenomenon Which see

injection See *Monteverde s sign*

ligation See *Magnus sign*

Monteverde s sign The sign consists of the absolute lack of response to the subcutaneous injection of ammonia

ophthalmoscopic Perhaps the most characteristic is the change in color of the fundus from red to yellow it is prac

death signs of ophthalmoscopic (*continued*)
tically coincidental with the period of death In some instances the arteries fade while in others they remain nearly normal in appearance In the veins the blood column is apt to be interrupted probably due to blood coagulation This topic is very fully dealt with in the American Encyclopedia of Ophthalmology Vol V p 3784

ophthalmoscopic sign of Salsbury and Melvin An ophthalmoscopic sign of death easily seen in the retina of the dead or dying Normally the blood column is seen as a moving mass in the retinal veins as death approaches the column becomes more or less irregular and lumpy With progressive failure of life fragmentation of the column occurs and these fragments of blood move more slowly toward the optic disc and drop over the edge of the cup As the rate decreases the fragmentation and spacing increase With death all movement ceases and only immobile interrupted columns of blood are visible

pupillary sign See *Ripault s sign*

Ripault s sign Under normal conditions pressure made externally upon the eye during life causes a temporary change in the shape of the pupil After death such pressure upon an eye may cause a permanent change in the shape of a pupil

scarification See *Levasseur s sign*

tourniquet See *Richardson s sign*

decubitus See *Andral s sign*

deep reflex This term implies especially the knee and ankle jerks but includes also the deep reflexes of the upper extremities These are so called 'fractional stretch reflexes in contradistinction to superficial or skin reflexes The deep or stretch reflexes vary in direct proportion to the muscle tone

deep reflex of Bechterew

Bechterew s # 4 After passive flexion of the toes and extension of the foot in a plantar direction release of the foot is followed by flexion in a dorsal direction and by more or less flexive movements of knee and hip

defensive reflexes These are essentially a mechanism involuntarily and sometimes voluntarily brought into play to protect the deeper structures These are best exemplified by the

defensive reflexes *(continued)* abdominal wall and may be elicited by cold suddenly applied to the abdominal wall or by a threatened or actual blow

Dejerine In root zone involvement radiculitis its manifestations are aggravated by coughing and sneezing also by straining at stool.

Dejerine s syndromes

1 Cortical sensory syndrome This occurs in parietal lobe lesions and is characterized by asteriognosis loss of sense of localization slight or no change of the sensations of touch pain and temperature and slight changes in proprioceptive reflexes

2 Bulbar syndrome The syndrome depends on the site of the lesion in the medulla as whether it is above or below the decussation A medullary lesion at the site of the olivary bodies causes paralysis of the 12th nerve or its nucleus on the side of the lesion and hemiplegia on the opposite side When the lesion is in the lower portion of the bulb the soft palate and larynx become paralyzed with or without a hemiplegia of the opposite side See *Avellis s syndrome* which is of this type as is also *Babinski-Nageotte s syndrome Schmidt s Tapia s* and *Jackson s*

3 Radiculitis or root zone syndrome This is frequently associated with a focal meningitis and consequent pleocytosis in the spinal fluid. It may result from a virus infection lues trauma, root compression by a tumor or a local serous meningitis and rarely by torulosis histolytica It is characterized by radicular distribution as to motor sensory and trophic changes pain along the nerve trunk of the affected part and if a limb is involved more or less monoplegia and in some instances pain on pressure over the nerve roots and along the nerve trunk Stretching of nerve roots invites pain as a late manifestation of muscle atrophy

Dejerine-Roussy syndrome Same as *thalamic syndrome* which see

De La Camp In tuberculosis of the bronchial lymph nodes relative dullness will be found on percussion over and to both sides of the fifth and sixth dorsal vertebrae

delayed reflex As the term implies this is a reflex response that occurs at a greater or less appreciable period of time over the normal when any stimulus is practiced with a view to eliciting a reflex

Delbet Aneurysm of the main artery of a limb In this condition although pulsation may have disappeared the collateral circulation suffices if the nutrition of the part distal to the aneurysm is maintained

Delmege An early sign of pulmonary tuberculosis is deltoid flattening

Demarquay In syphilis of the trachea, the larynx is either fixed or lowered during phonation and deglutition

dementia paralytica

Joffroy s sign # 2 In the early state disorder in the mental faculties may be manifested by failure to perform simple arithmetical sums

dementia paretic See under *paretic*

dementia praecox

Onanoff s sign* or *reflex In dementia praecox when the glans penis is compressed contraction of the bulbocavernous muscle is produced

Demianoff s sign In lumbago and funiculitis This is a variant of Lasègue s sign with the intent of differentiating between lumbago and sciatica. When the extended limb is flexed at the hip the corresponding half of the body becomes lowered and with it the muscle fixed to the lumbosacral segment This stretches and traumatizes the muscle and in lumbago induces sharp lumbar pain Demianoff believes that in lumbago the sciatic nerves are not responsible hence the Lasègue s sign is negative the pain not being caused by stretching of the nerve but by stretching of the affected muscles at the posterior portion of the pelvis When the pelvis is fixed by placing the hand firmly upon the anterior upper tuberosity at the same time elevating th leg of the same side with the other hand no pain results when the leg is raised to a 90 angle When the pelvis is not fixed the leg can only be raised about 15 When sciatica and lumbago coexist Demianoff s sign cannot be elicited on the side of the sciatica but on elevating the opposite leg pain occurs unless the pelvis is fixed In double sciatica with lumbago Demianoff s sign is negative This sign is valuabl in determining local lesions of muscles upper lumbar nerve roots and funicular sciatica

de Musset s sign This is classically a sign of aortic insufficiency but is seen occasionally in cases of aortic aneurysm. It

de Musset s sign (*continued*)
consists of jerking movements of the head synchronous with the heart action It was named after Louis Charles Alfred de Musset a French poet who died as a result of aortic insufficiency (1810 1857) It was named by Delpeuch

de Mussy Diaphragmatic pleurisy may be suspected when a small area is found in the left hypochondriac region which is exquisitely painful upon pressure

depressor reflex See *pressor and depressor reflex*

dermatologic reflexes
- **cutaneous reflex** Which see
- **cutaneous pupillary reflex** Which see

dermatology
- **alopecia** See *Tommasi s sign*
- **bandage sign** Which see
- **carcinoma** See *Leser Trelat s sign*
- **cardiac maculopapules** See *Robertson s # 1*
- **commemorative sign** Which see
- **copper poisoning** See under *poisoning*
- **duct sign** Which see
- **endocarditis** Which see
- **erythema nodosum** Which see
- **extinction sign** Which see
- **extravasation of urine** See *Brodie s sign # 1*
- **Frèdèricq s sign** Which see
- **German measles** See under *measles*
- **goiter exophthalmic** See *Charcot Vigouroux*
- **hyperthyroidism** Which see
- **hypoadrenia** Which see.
- **influenza** See *Shelly s sign*
- **lead poisoning** See under *poisoning*
- **lupus erythematosus acute** See *Libman Sachs syndrome*
- **mastoiditis** See *Be old s sign*
- **measles** See the *signs of Comby* and *Koplik*
- **pancreatitis** See *Gray Turner*
- **pelvic fracture** See under *fracture*
- **pregnancy** See *Halban's sign*
- **pregnancy ruptured extrauterine** See *Cullen s sign*
- **purpura** See *Rumpel Leede*
- **retro auricular intertrigo** See *Kuglmass sign*
- **sarcoid Boeck s** See *Schaumann syndrome*
- **scarlet fever** Which see

dermatology (*continued*)

sclerotic kidneys See *Fodere s sign*
skin abrasion See *Nikolsky s sign*
skin diseases See *Milian s sign*
skin pigmentation of the loin See *Turner s sign*
skin reflection of light See *Robertson s (H F) sign*
skin resistance to electric current See *Vigouroux s sign*
skull fracture at base See *Battle s sign*
syphilis congenital See *Krisowski s sign*
syphilitic skin lesion See under *lesions*
tache cerebrale See *Trousseau s sign.*
tracheobronchial adenopathy See *Cattaneo s sign*
typhoid fever See *Filipovitch s sign* and *palmoplantar sign.*

dermoids of the ovary

Kuster s sign In dermoids of the ovary a more or less cystic swelling in the median line in front of the uterus

Desault In intracapsular fracture of the femur, there is a change in the arc described by rotation of the great trochanter Normally rotation describes the segment of a circle but in this condition it rotates only as the apex of the femur as this bone turns upon its own axis

D Espine

1 In a normal adolescent or adult when auscultation is practiced over the spinous processes pectoriloquy can be heard over the position of the trachea but it ceases at the bifurcation whereas in infants it ceases at the seventh cervical vertebra When heard below this point in infants it is indicative of enlargement of the bronchial lymph nodes

2 In pulmonary tuberculosis bronchophony is heard on auscultation over the spinous processes extending to a lower level than in the normal

Dewees In pregnancy the expectoration of a tough white mucus

diabetes incipient

Unschuld s sign A sign consisting of cramps in the calves of the legs (Authors Note—Cramps in the legs may occur in peripheral neuritis from any cause and they are not uncommon in those having varicose veins In Ireland and occasionally among the English where excessive amounts of tea are consumed cramps in the legs are said to be a manifestation of this habit They may also be a manifestation of intermittent

diabetes incipient ***Unschuld s sign*** *(continued)*
claudication of Buerger s dis a e of senile vascular degeneration and of tabes dorsalis It must not be forgotten too that deformities of the feet food deficiency e pecially vitamin B and nutritional edema in extreme cases may invite cramp like pains in the lower extremities)

diabetes insipidus syndrome This is a neurovisceral syndrome characterized by the passage of large quantities of urine of low specific gravity free from sugar and albumin This is accompanied by a proportionate increase in thirst so that the fluid intake equals the discharge The general health of the individual is not seriously affected even though the condition may persist over a period of years

In severe cases the discharge is tremendous and measureable in gallons and the craving for fluid becomes maniacal so that if an attempt is made to restrict fluid the patient will go to any ends to obtain it and has even been known to drink his own urine

This occurs in lesions in the region of the infundibulum of the pituitary gland

diabetes of bearded women syndrome *Achard Thiers syndrome* which see

diabetic acidosis

Kussmaul s sign # 3 In diabetic acidosis the coma and air hunger The characteristic of the dyspnea or air hunger is that the respiratory excursions are extremely deep but not necessarily increased in frequency Hence hyperpnea

diabetic coma

Riesman s sign # 2 The softening of the eyeball occurring in this condition

diaphragm paralysis of

Duchenn s sign In paralysis of the diaphragm from any cause also in some cases of hydropericardium there occurs a *sinking in or collapse of the epigastric area during* inspiration

diaphragm phenomenon Litten s This is noted when a person in health is lying supine with the feet toward the window cross l ghts being excluded Under these conditions a narrow shadow may be observed during full inspiration descending between the sixth and ninth ribs It is the result of separa

diaphragm phenomenon Litten s (*continued*)

tion of diaphragmatic from costal pleura and the falling inward of the tissue in the intercostal spaces during the inspiratory descent of the diaphragm It is manifest therefore that this shadow will be absent in lobar pneumonia at the right base right sided pleural effusions or old adhesions but is uninfluenced by hepatic enlargement or subphrenic abscess

diaphragmatic pleurisy

de Mussy s sign Diaphragmatic pleurisy may be suspected when a small area is found in the left hypochondriac region which is extremely painful upon pressure

Sternberg s sign Increased sensitiveness of the shoulder girdle muscles

diaphragmatic reflex In diaphragmatic pleurisy two reflexes may be of diagnostic importance because of the innervation of the diaphragm in part by the phrenic and in part by the 12th intercostal nerves Irritation of the phrenic nerve results in cervical pain and more or less tension and tenderness of the third to the sixth cervical roots and the muscles supplied Irritation of the 12th intercostal nerve may induce pain over the gluteal region and over the area of the hip as far as the trochanter major simulating disease of the hip or even reflex ureteral pain This is due anatomically to the fact that the 12th thoracic is larger than the other thoracic nerves Its anterior division forms a communication with the first lumbar nerve *via* the thoracicolumbar branch and likewise with the iliohypogastric branch of the lumbar plexus It is thus evident that a diaphragmatic pleurisy may induce cervical pain and pain over the shoulder girdle and at the same time pain in the region of the hip and gluteus of the affected side

diastolic collapse

Friedreich s sign # 1 In adherent pericardium the diastolic collapse of the cervical veins This sign is explained by Friedreich as the result of acceleration of the return circulation due to traction exercised by the diaphragm the lungs and the pericardial adhesion following systole It is of less value however than Friedreich believed

diathesis gouty

Tommasi s sign Which occurs in those of gouty type of exclusively adult males and consists of alopecia on the postero external portion of the legs

differential sign

Grisolle s sign A differential sign between measles and smallpox. When an involved area of the skin is put on the stretch and the papule can no longer be felt the eruption is caused by measles If the papule remains palpable when the skin is stretched the eruption is due to smallpox.

diffuse peritonitis

Thomayer Robertson sign In diffuse peritonitis the omentum contracts and draws up to the left side of the abdominal cavity Hence when the patient is recumbent the right side is tympanitic and the left is dull. This sign therefore offers to some extent a differential diagnosis between inflammatory and noninflammatory abdominal effusions

digital reflex This is known also as Hoffman s sign and Tromner s sign and consists of sudden flexion of the terminal phalanx of individual fingers or thumb when the nail is suddenly tapped or the fingernail of the patient flicked by the nail of the examiner It occurs in pyramidal tract disease

dilation of the aorta

Potain s sign # 1 In dilation of the aorta as in a well developed aortitis the percussion dullness over the arch of the aorta is spread out from the manubrium to the third costal cartilage on the right side

Potain s sign # 2 The so-called Tambre metallique or bruit de Tabourka On auscultation over an aortitis this sign consists of a loud aortic second sound having a peculiar bell like or metallic quality The name Tabourka comes from that of an Arabian drum the sound having a parchmentlike quality

diphtheria See the following signs *Cantelli doll s eye Widowitz*

diphtherial paralysis

Widowitz s sign In diphtherial paralysis dissociation develops between head and eye movements as the head is raised the eyes are lowered and *vice versa* There may be protrusion of the eyes and the movements of the eyes and eyelids are sluggish. See also *Cantelli s sign* and *doll s eye sign*

direct light reflex or pupillary light reflex This consists of a more or less prompt contraction of the sphincter of the iris when light strikes the retina by way of the pupil

direct reflex Which implies a response on the side upon which the stimulation is practired This is obviously the reverse of the crossed or indirect reflex in which reaction becomes evident upon the side opposite to the source of stimulation although there may be and frequently is a response on the same side as the stimulation notably in the case of hyperactive knee jerks

Dixon Mann See *Mann*

doll s eye sign This term being self-explanatory from the nature of the sign It is also known as *Cantelli s sign* and *Widowit s sign* It occurs in diphtherial paralysis and is characterized by dissociated movements of head and eyes As the head is raised the eyes are lowered and *vice versa* There may be some prominence of the eyes and movements of the eyeballs and eyelids are sluggish

Donnelly Dr Daniel Donnelly of Philadelphia has described a sign indicative of retrocecal appendicitis When the right leg is in full extension and abducted it causes the psoas muscle to be brought into prominence Pressure then made over the right inferior quadrant and especially in and just below Mc Burney s region elicits pain in proportion to the degree of inflammation in the appendix and its surroundings

Dorendorf Aneurysm of the aortic arch In this condition the prominence of the supraclavicular groove on one side as com pared with the other

dorsal reflex or erector spinae reflex Irritation of the skin over the erector spinae muscles causes contraction of a number of the muscles of the back

dorsocuboidal reflexes See *Bechterew Mendel* and *Mendel reflexes*

Douglas In abdominal section in women when the *cul de sac* of Douglas is wiped the patient utters a sharp prolonged cry This is often referred to as Douglas cry

Dresbach s syndrome This name is applied to an anemia in which the red corpuscles appear sickle shaped instead of round with but little biconcavity It is also called sickle celled anemia ' Herrick s anemia and drepanocytic anemia It is practically confined to the Negro race

Drossin s four postures See under *appendicitis*

Drummond In aortic aneurysm a short aspirate sound or whiff may be heard when the patient s mouth is open during respiration.

Dubard s sign See under *appendicitis*

Dubreuil Chambardel syndrome This consists of caries of the upper incisor teeth in persons in their middle teens followed after an interval by caries in the other teeth

Duchenne In some cases of hydropericardium and in paralysis of the diaphragm from any cau e there occurs a collapse or kinking in the epigastric area on inspiration

Duchenne s syndrome This is essentially a chronic bulbar palsy the condition being called labioglossopharyngeal paralysis the pyramidal tract and anterior horn cells of the cord being involved pronunciations of the linguals and labials with na al quality to the voice dysphagia and salivation paroxysms of coughing and attacks of dyspnea. Involvement of the vagi may result in cardiac phenomena.

Duchenne-Erb syndrome Same as *Erb s syndrome # 1* which see

Duckworth In intracranial pressure the respiration may become extremely shallow and apparently cease completely several hours before cessation of the heart beat.

duct sign This occurs in mumps and consists of a red spot at the orifice of Steno s duct

Dugas In dislocation of the shoulder the patient is unable to place the hand of the affected side on the opposite shoulder as long as the elbow of that side remains in contact with the chest

Duncan Bird This is also known as *Bird s sign* which see

duodenal reflex In an acute duodenitis and more especially in acute cases of duodenal ulcer an area of plus tension and tenderness will be found in a fixed position in the midline above the navel extending as much perhaps as an inch and one half in vertical extent Pinching the muscle in this area may be very painful and become more so as does rigidity with the exaltation of the reflex resulting from added stimulation of the spinal centers induced by performing the test. In the most acute cases the reflex area will be hyperesthetic.

duodenal and gastric reflexes For details see *visceromotor viscerosensory* and *viscerotrophic reflexes*

Dupre s syndrome This is a syndrome of serous meningitis or meningism in which the cerebrospinal fluid is sterile It may be a manifestation of middle ear disease or may occur in the course of an acute infection and in children, may accompany an acute gastroenteritis Note—In this connection the possibility of a lymphocytic choriomeningitis must be borne in mind

Dupuytren

1 Over a sarcomatous bone a fremitus or crackling sensation mav be produced by pressure

2 Congenital dislocation of the head of the femur is characterized by a free vertical movement of the head of the bone upwards and downwards

Duroziez In aortic regurgitation a systolic and diastolic murmur is heard over the femoral artery Variations in pressure by the stethoscope modify the quality and strength of the double murmur

Dutemps Cestan Peripheral paralysis of the face This sign occurs when the paralysis is complete Under such conditions when the patient s vision is directed straight ahead and he endeavors slowly to close both eyes there is a slight upward movement of the upper lid on the paralyzed side due to the action of the levator palpebrae superioris

dyscrasias blood See under *blood*

dysglandular syndrome This name is given to any series of symptoms resulting from an abnormality of the internal secretions

E

ear nose and throat diseases In addition to the following signs and conditions see also *otorhinolaryngological reflexes*

adenoids Which see
aneurysm of aorta See *Gerhardt s sign # 1*
aneurysm of thoracic aorta See under *aneurysm*.
aortic insufficiency See *Muller s sign*.
auditory meatus See *Wreden s sign*.
bruit de Leudet Which see
ear ossicles See under *ossicles*
external auditory canal See *furuncle sign*
frontal sinus obstruction See *Ewing s sign # 2*
German measles Which see
influenza See *Shelly s sign*
labyrinthine disease Which see
laryngeal malignancy See *Semon s sign*
mastoid conditions affecting See *mastoiditis*
mastoid destructive diseases in See *Granger s sign*.
mastoiditis suppurative See *Hellat s sign*.
maxillary antrum infection See *Heryng s sign*.
maxillary antrum tumor or fluid in See *Davidsohn s sign*.
meningitis cerebrospinal See *Lafora s sign*.
mulberry teeth Which see
night cry Which see
oculoauricular associated movements Which see
otosclerosis See *Itard-Cholewa*.
pathologic See the signs of *Burger* and *Garel*.
retro-auricular intertrigo See *Kugelmass sign*
saddle nose See *Zaufal s sign*
sinus thrombosis See *Crowe s sign*.
syphilis congenital See the following signs *Hennebert s Hutchinson s # 2 Hutchinson s # 3 Krisowski s Moon s*
tracheal syphilis See *Demarquay s sign*.
tracheal tug See *Oliver s sign*
transverse sinus thrombosis of See *Griesinger s sign*.
tuberculosis pulmonary Which see
vestibular apparatus Which see.

ear ossicles See under *ossicles*

ear phenomenon In lesions of the sympathetic nerve the result of posterior inferior cerebellar artery obstruction For details refer to *Hassin s sign* and also to the *Langley Sherrington sign*

Ebstein In moderately large and massive pericardial effusions the cardiohepatic angle becomes obtuse instead of being acute or right angled which is the normal condition

echinococcus cystic disease of the liver

Lennhoff s sign This condition is to be suspected when a furrow appears on deep inspiration below the costal margin and above the position of the cyst

echo sign In some forms of aphasia a patient involuntarily repeats the last word or two of a sentence This is called *echolalia* A somewhat similar condition occurs when a person in a state of hypnosis repeats without meaning the words he hears This is called *echolalus*

echo sign of hydatid cysts This is elicited by percussion and auscultation over the cyst during which a note is produced resembling an echo even when the so called hydatic murmur is absent Auscultatory percussion should also be practiced in any suspected cases This sign was described by C Lian and J Odienet

Eddowes syndrome This is a familial syndrome characterized by blue sclerotics and fragility of the bones

edema pulmonary

Huchard s sign # 2 In pulmonary edema what is termed paradoxic percussion resonance takes place

effort syndrome This name is commonly applied to neurocirculatory asthenia or disordered action of the heart (D A H) described by the English during the World War During the Civil War in the U S A. it was described by the late Dr Jacob DaCosta as the irritable heart of soldiers

effusion pericardial See under *pericardial*

effusion pleural See under *pleural*

Ehlers Danlos syndrome Same as *Danlos syndrome* which see

Eisenlohr s syndrome This is characterized by weakness and numbness of the extremities dysarthria, and paralysis of the lips tongue and palate This is a variant of bulbar paralysis resembling *Duchenne s syndrome*

Eisenmenger s syndrome This is rarer than the tetralogy of Fallot but it is a somewhat similar series of congenital defects namely dextroposition of the aorta interventricular septal defect hypertrophy of the right ventricle but increase in size and not stenosis of the infundibulum pulmonary valve and artery See also *Fallot s syndrome*

elbow reflex For description see *triceps reflex*

Elliot

\# 1 Induration of the margins of a syphilitic skin lesion

\# 2 Scotoma spreading out from the blind spot and consisting of many small foci or spots

Ellis curved line See *Damoiseau* and *Garland*

Ellis van Creveld syndrome of congenital abnormalities This consists of ectodermal dysplasia affecting the hair teeth and nails polydactyly chondrodysplasia, and congenital morbus cordis This syndrome occurs in children and is not common

Ely s sign This sign was originally described as pathognomonic of sacroiliac irritation or disease but in the opinion of Ober it is indicative of contracture of the fascia lata Ely s sign is elicited by having the patient lie prone upon the examining table The examiner then flexes the leg upon the thigh and during the flexion the pelvis rises from the table

embrace reflex Known also as *Moro s reflex* and applies only to the work of the pediatrician When an infant is placed in a recumbent position upon a table a sudden blow upon the table causes the child suddenly to throw out its arms in an attitude of embrace in reality perhaps a variety of defensive reflex

emergency light reflex This results from any sudden unusually powerful light stimulus of the retina and results in marked pupillary contraction frowning and closure of the eyelids

endocarditis subinfective bacterial or malignant

Osler s sign or **Osler s nodes** This sign consists of small often painful erythematous nodules met with in the skin of the hands and feet especially

enteritis acute

Stokes sign In acute enteritis this sign consists of a more or less severe throbbing sensation in the abdomen to the right of the umbilicus

epigastric reflex A normal phenomenon resulting in plus tension of the epigastric area by direct stimulation of that area or by stimulation of the fifth seventh root zones This may be met with abnormally as a crisis in locomotor ataxia This is sometimes an expression of a *critical reflex*

epigastric tabetic reflex In the crisis of locomotor ataxia the epigastric area may be the site of expression and, unless other evidences of the underlying disease are sought for it may be mistaken for gastric ulcer or even perforation The reflex phenomenon is more or less extensive rigidity with pain often excruciating

epigastrium bulging

Auenbrugger s sign Pericardial effusion when of marked degree causes bulging of the epigastrium (The liver is apt to be forced downward and a knowledge of this sign may avoid unnecessary abdominal section)

epilepsy

Seguin s sign The contraction of muscles just prior to an attack of epilepsy constituting a forerunner of an attack

epiphyseal syndrome This is characterized by precocious development of external genitalia and sexual function precocious abnormal growth of long bones signs of internal hydrocephalus and absence of all other motor and sensory symptoms This syndrome occurs in pineal gland tumors and is sometimes called macrogenitosomia praecox or Pelezzi's syndrome It occurs in young children and almost exclusively in boys Developmental precocity is the outstanding phenomenon a condition referred to by the English as Hasting Gilford s disease or progeria

eponymic signs and reflexes The eponyms herein are listed in alphabetical order In most cases only the name of the person is given since many signs are reflexes and most reflexes can be considered signs

Epstein s syndrome Same as *nephrotic syndrome*

Erb

1 In tetany the increased irritability of peripheral motor nerves to the electric (galvanic) current When a cathodal opening contraction occurs with a current less than five milliamperes a diagnosis is confirmed Under normal conditions a stronger current is necessary

Erb *(continued)*

2 In acromegaly, the dullness on percussion over the manubrium the first piece of the sternum

Erb s syndrome

1 Known also as Duchenne Frb paralysis This is the so called upper arm form and involves the fifth and sixth cervical nerves and is not seldom the result of injury to the brachial plexus in labor but may occur in adults as a result of trauma and occasionally a virus infection The affected arm hangs limp at the side with the forearm extended and in pronation The muscles become flaccid and atrophic with shortening of the arm when the lesion occurs as the result of a birth palsy

2 This syndrome is the result of asthenic bulbar paralysis Known also as myasthenia gravis described by Erb in 1878 The syndrome is characterized by diplopia strabismus and sometimes complete ophthalmoplegia externa, ptosis weakness in mastication with dysphagia, impaired articulation and rapid exhaustion upon any form of exercise (High creatine in the urine is a characteristic)

Erb Westphal s sign Absence of the patella tendon reflex in locomotor ataxia. This also occurs in some cord tumors in which case it may be unilateral and in late peripheral neuritis involving the lower extremities and in some spinal and cerebral diseases.

Erben This sign often referred to as *Erben s reflex* is said to indicate exalted irritability of the vagus nerve It consists of a slowing of the pulse when the head and trunk are bent slowly but rather forcibly forward

erector spinae reflex When the skin area along the border of the erector spinae muscle is irritated this muscle contracts. This bespeaks a normal function of the dorsal region of the spinal cord When pathologic irritation of this area exists the response becomes exaggerated

Erichsen In sacroiliac disease differentiating it from hip disease pain is experienced when the iliac bones are firmly compressed

Ernl When a pulmonary apical cavity has discharged its fluid contents a tympanitic note will then be obtained upon percussion over the cavity It is sometimes possible to excite an attack of coughing which will expel the secretion by firm

Erni (*continued*)
percussion over the site of the cavity The change in physical signs resulting will then enable the cavity to be detected

erythema nodosum rheumatica
Verco s sign This sign consists of punctate hemorrhages or striae under the tongue and also on the hands and feet

Escherich The peculiar muscular contraction of the lips resembling a goat s snout induced by percussion of the labial mucosa A sign of tetany

esophageal constriction
Meltzer s sign # 1 In esophageal constriction or occlusion especially involving the lower portion of the esophagus the sign consists of the loss of the second sound of the heart which is normally heard on auscultation of the heart after swallowing

esophageal stricture
Trimadeau s sign When stricture of the esophagus occurs if the proximal dilation is cone shaped the stricture is regarded as benign or fibrous When cup shaped proximally the cause is malignant

esophagosalivary reflex This is also known as *Roger s reflex* which see

ether reflex Which may be employed in duodenal drainage for any purpose and especially in the passive congestions of decompensated cardiac cases The reflex consists of a rapidly increasing flow of duodenal secretion when from two to five cc of ether are introduced by intubation into the duodenum

Eustace Smith
1 Sometimes referred to as *Smith s sign* It consists o a murmur heard on auscultation over the manubrium when the patient s head is rather forcibly extended This occurs in tuberculosis of the bronchial lymph glands See *Fischer s sign*
2 In bronchial stenosis when the head of the patient is fully extended a venous hum may be heard over the manubrium.

Ewart
1 In pericardial effusion the marked prominence of the sternal end of the first rib This only occurs when the effusion is large
2 In pericardial effusion an area of percussion dullness and bronchial breathing within the inferior angle of the left

Ewart # 2 (*continued*)
scapula due to compression of the lung See *Ewing's sign # 1* and *Bamberger's sign*

Ewing

1 In pericardial effusions of any character an area of dullness on percussion will be found in the region of the inner side of the inferior angle of the left scapula. This is very similar to a sign described by Bamberger in pericardial effusion

2 Frontal sinus obstruction is accompanied by tenderness at the upper inner angle of the orbit

exanthemata

differential sign Which see
exanthematous fevers of childhood See *Vipond's sign*
German measles Which see
ligature sign Which see
measles Which see
scarlet fever Which see
skin diseases See *Milian's sign*
typhoid fever Which see

exanthematous fevers of childhood

Vipond's sign Which is the widespread adenopathy seen in children during the incubation period of the exanthemata.

excessive fatigue—paroxysmal hemoglobinuria

Uriolla's sign Consisting of melaniferous granules (blood pigment) in the urine of patients with severe malaria. (Authors Note—Melaniferous pigment is also to be seen in the so-called melaniferous leukocytes In blackwater fever or hemorrhagic malarial fever a severe form met with in the tropics or in those who have recently returned from the tropics excessive hemolysis may occur and hemoglobinuria may develop Whether the excessive ingestion of quinine is a factor is still an open question It is to be noted too that extreme cold or excessive fatigue may cause a paroxysmal hemoglobinuria)

exophthalmic goiter See under *goiter*

expansion diminished

Hoover's sign # 2 In pericardial effusions of any magnitude diminished expansion of the chest is apt to occur because of interference of movements of the diaphragm. The left costal

expansion diminished ***Hoover's sign # 2*** *(continued)* border may remain stationary instead of moving outward during inspiration

Williams sign # 2 In chronic adhesive pericarditis the sign consists of diminished expansion of the left lung

expiration obstruction to

Grancher's sign In any obstruction to expiration there develops an equality of pitch between inspiratory and expiratory sounds

external auditory meatus reflex This reflex, known also as *Kisch's reflex* consists of closure of the eye on the side upon which stimulation of the external auditory canal is practiced as by heat or tickling In some cases too a cough reflex results

external cutaneous nerve See under *nerve*

external malleolar sign

Chaddock's sign or ***reflex*** This occurs in lesions of the pyramidal tract When the region about the external malleolus is irritated extension of the great toe takes place and frequently the remaining toes spread fanshape in extension just as they do in eliciting *Babinski's reflex*

extinction sign

Schultz Charlton extinction test Blanching of the skin occurs even in early phases of scarlet fever eruption when serum of scarlet fever convalescents or serum of those insusceptible to scarlet fever or the antitoxic serum of horses is injected intradermally (Reference Ztschr f Kinderh. 1918 XVII 328 Mair Lancet, 1923 II, 1930)

extravasation of urine

Brodie's sign # 1 Extravasation of urine into the corpus spongiosum reveals itself by a blackened area on the glans penis

extremity aneurysm of an

Quenu Muret's sign This sign is employed in aneurysm with a view to determine whether collateral circulation has been established in the case of any one of the extremities The main artery of the involved limb is compressed. If blood flows from a puncture made at the periphery it is regarded as evidence that collateral circulation exists See *aneurysm* for further information

eye closure reflex A percussion tap over the supraorbital nerve results in contraction of the orbicularis palpebrarum with consequent closure of the lids

eye closure reflex See *Kisch s reflex* This may have some value in the case of a foreign body in the external auditory canal In some instances too a cough refl x results

eye syndrome brittle bones and blue sclera *See syndrome of*

eyeball abortive nystagmus

Wilder s sign A sign occurring early in the course of exoph thalmic goiter The sign consists of a slight hesitation or twitching of the eyeball in lateral movements somewhat resem bling an abortive nystagmus

eyeball compression reflex Known also as *Aschner s reflex* and *sign* and *oculocardiac reflex* This reflex consists of a slowing of the heart rate when ocular compression is practiced through the closed lids Under normal conditions a slowing of five to ten beats per minute occurs When for any reason the vagus nerve is in a state of hyperirritability the slowing of the rate may be even more marked When acceleration of the rate results from compression the reflex is said to be inverted

eyelid pigmentation

Tellais sign The pigmentation of the eyelids occasionally met with in exophthalmic goiter

F

Fabere sign

Patrick's test This occurs in arthritis of the hip The test is elicited by placing the patient supine The external malleolus of the affected side is placed over the patella of the opposite leg the knee necessarily being flexed When pressure is now made upon the knee pain is produced Patrick explains the term Fabere sign as being made up from the initial letters of the manipulations necessary to eliciting it namely *F*lexion *AB*duction *E*xternal *R*otation *E*xtension This position assumed by the normal individual or one with sciatica does not cause pain when the knee of the affected side is passively depressed It may however be positive in the sacroiliac form of sciatica.

facial nerve

Brickner's sign When the function of this nerve is impaired oculoauricular associated movements are diminished

facial neuralgia

Seeligmuller's sign The sign consists in the development of mydriasis on the same side of the face in which a neuralgia develops

facial palsy

Legendre's sign In facial palsy the greater resistance on the unaffected side as compared with the paralyzed side when the examiner attempts to raise the closed eyelids

syndrome of crocodile tears Which see

facial paralysis See under *paralysis*

facial reflex See *bulbomimic reflex*

Faget In yellow fever the fall in the pulse rate though the fever remains high or may even be rising

Fajersztajn crossed sciatic sign In a patient with sciatica the hip can be flexed when the leg is flexed but not when the leg is held straight Pain is also produced on the affected side when the healthy thigh is flexed with the leg straight

Fallot's syndrome This is a congenital abnormality of the heart characterized by (1) Cyanosis (2) pulmonary stenosis (3)

Fallot s syndrome (*continued*) interventricular septal defect (4) dextroposition of the aorta, and hypertrophy of the right ventricle This was first described by Peacock in 1858 This is the so called tetralogy of Fallot See also *Eisenmenger s syndrome*

fan sign This is essentially a portion of the Babinski phenomenon and normally occurs in children up to four or five years of age after the use of morphine and in the recovery phase of general anesthesia as well as in disease involving the corticospinal tract. It consists merely of a spreading of the toes without the flexion and occurs when the sole of the foot is stroked

Farfel s heart murmur timing sign After taking a blood pressure the mercury column is maintained midway between systole and diastole Ausculting a normal heart under these conditions it will be noted that the upward movement of the mercury column is coincident with the second heart sound — thus is established the termination of systole A murmur occurring prior to the mercury elevation is systolic and following is diastolic

fascial reflex A muscular contraction resulting from a percussion hammer stroke made upon the facial fasciae This is sometimes referred to as Chvostek s sign and is apt to be an exaggerated phenomenon in all tetanic states. See *Chvostek s sign*

faucial reflex This reflex is a variable one from gagging to vomiting with or without nausea induced by irritation of the fauces and in some very susceptible individuals even by holding a foreign body between the teeth

Federici In intestinal perforation with gas in the peritoneal cavity the heart sounds can be plainly heard upon auscultation of the abdomen

Felty s syndrome This is characterized by chronic deforming arthritis splenomegaly lymphadenopathy leukopenia and cutaneous pigmentation Felty suggested two possible explanations (1) That there is but one pathologic process (2) that two clinical entities exist arthritis and Banti s disease Felty favors the former and one case was reported in 19 _ in which splenectomy was followed by a beneficent result which rather suggests the possibility of Banti s disease It is of further interest to note that two adults with Felty s syndrome were

Felty s syndrome (*continued*)
studied bacteriologically and a blood stream infection with streptococcus viridans was found

Felty s original observation was published in 19 4 A splenectomy was performed too in the case reported by Craven in 1934 the other splenectomized case having been reported by Hanrahan and Miller In Craven s case a green strepto coccus was obtained from a culture of a lymph node In Craven s case an eosinophilia was present and also in two of Feltv s three cases reported in his original discussion In Craven s case there was also diminished sugar tolerance

femoral reflex This is induced by irritation of the skin over the upper anterior third of the thigh with resulting extension of the knee and flexion of the foot and usually the first three toes also This reflex is exalted in spastic conditions

femoral test sign of appendicitis For complete description see under *appendicitis*

femur congenital dislocation of the head of

Dupuytren s sign # 2 *This condition is characterized* by a free vertical movement of the head of the bone upwards and downwards

femur fracture of

Cleeman s sign In fracture of the femur with overriding of the fragments the skin just above the patella forms folds or creases

femur fracture of the neck of

Allis sign In fractures of the neck of the femur the fascia relaxes between the crest of the ilium and the greater tro chanter

femur intracapsular fracture of

Desault s sign Normally with an intact femur when the limb is rotated the great trochanter describes the segment of a *circle an arc but when intracapsular fracture of the femur* exists the great trochanter moves only as the apex of the femur as this bone rotates about its own axis

fever adynamic See *adynamic*

fever blackwater See *blackwater*

fever malarial See *malaria*

fever scarlet See *scarlet*

fever typhoid See *typhoid*

fibula fracture of

Keen s sign *In Pott s fracture of the fibula* the increase in the diameter of the leg at the site of the malleoli

fifth cervical segment lesion When such a condition exists an inverted radial reflex may be elicited This is induced by tap ping the lower end of the radius with a percussion hammer finger flexion occurring the forearm remaining quiescent.

Filipovitch Yellowing of the palms and soles in typhoid fever This is also known as the palmoplantar sign

finger phenomenon

Souque s sign This occurs in incomplete hemiplegia and consists of a spreading of the fingers and an involuntary extension when the affected arm is raised (Also known as Gordon s sign)

Fischer This sign is essentially that of Eusta e Smith It occurs in tuberculosis of the bronchial glands The sign is elicited by auscultation over the manubrium with the patient s head well extended Under these conditions a murmur may be heard due to pressure on the innominate veins

Fisher

1 In adherent pericardium it is sometimes possible to hear a presystolic murmur

2 This sign often called Fisher s murmur is systolic in time and may be heard in cases of rickets over the anterior fontanel or over the temporal region.

Fitz s syndrome This occurs in acute pancreatitis and consists of acute epigastric pain vomiting, and collapse It is not very unusual in the alcoholic but is more often the result of pre ceding biliary tract disease early abdominal tension especially epigastric, and sometimes tumefaction in the epigastric area.

flexor paradoxic reflex See *paradoxic flexor reflex*

Flint Austin In aortic regurgitation a presystolic murmur may be heard at the cardiac apical area. (Differing from uncom pl cated mitral stenosis in which the apical impulse is little if at all displaced to the left The Austin Flint murmur and the apical impulse occur downwards and to the left in conse quence of the characteristic left ventricular hypertrophy occur ring in aortic regurgitation When the auricles yield in mitral obstruction the heart then assumes an increasingly oblique position the so alled Sir Isambard Owen position and neces

Flint Austin *(continued)*
early then the presystolic murmur is displaced to the left. Further in aortic regurgitation the characteristic Corrigan pulse Quincke capillary pulse Duroziez s sign, and as a rule but one sound in the vessels of the neck in differentiation)

floating kidney

Guyon s sign The sign consists of ballottement which may be obtained by bimanual palpation (Authors Note—This implies a completely ptosed and freely movable kidney)

Flora In neurasthenic states a defective tetanic response occurs on prolonged faradic stimulation of the weak muscles

flush tank sign In hydronephrosis this sign consists of the dis appearance of the lumbar swelling following voiding of a large amount of urine

focal visualization This brings into play the so called oculo cephalogyric reflex which concerns the movements of the eye the head and the body respectively in governing visual direc tion

Fodéré This sign consists of swollen, puffy, edematous lower eyelids met with in patients with retention of chlorides and urea. Essentially an evidence of sclerotic kidneys

fontanel reflex For description see *middle ear disease reflex*

foot response to electric stimulation

Ritter Rollet sign This sign consists of a varying response depending upon the degree of electric stimulation When mild flexion of the foot results and when severe extension of the foot is produced

Forchheimer This occurs in rubella or German measles and consists of a reddish eruption on the soft palate

forearm sign

Leri s sign In hemiplegia, passive flexion of the hand and wrist on the involved side reveals more or l ss failure of normal flexion at the elbow joint

formication sign This subjective sign occurs over the area of a divided nerve and is said to indicate beginning regeneration of the nerve It is elicited by percussion over the region of the divided nerve and consists of a tingling sensation in the distal end of the limb This is al o known as Tin l s sign and is sometimes referred to as the D T P *sign or distal tingling on percussion*

Fournier

1 In syphilitic skin lesions the characteristic is sharp delimitation

2 In congenital syphilis the saber tibia also known as Fournier s tibia, which is an anterior bowing and fusiform thickening involving the middle third of the shaft

3 In congenital syphilis the Fournier or mulberry teeth. See *Teeth mulberry*

fourth ventricle cysticercus disease of

Brun s sign Intermittent headache vertigo and vomiting on sudden movement of the head

Foville peduncular syndrome This is characterized by a homolateral conjugate deviation of the eyes and head with a paralysis of lateral gaze and lateral head rotation opposite to a lesion in the cephalic portion of the pons catching the aberrant pyramidal tract. Contrast with *Parinaud s syndrome*

Foville pontine syndrome This differs from the Foville syndrome only in that in this case the abducens alone is implicated in the crossed paralysis This results from a pontine lesion

Foville syndrome This is characterized by a homolateral involvement of the abducens and facial nerves and a contralateral paralysis of the arm and leg This results from a pontine lesion

fracture of bone See *Hueter s sign*

fracture Colle s See under *Colle s*

fracture of femur See under *femur*

fracture of fibula Pott s See *Keen*

fracture intracapsular See *Langoria*

fracture of pelvis

Coopernail s sign In fracture of the pelvis small extravasations of blood occur on the perineum and on the scrotum or labiae

fracture Pott s of fibula See *Keen*

fracture radius lower part of See *Laugier*

fracture of scapula See under *scapula*

fracture of skull base of

Battle s sign In fracture of the base of the skull an e chymosis occurs along the position of the posterior auricular

fracture of skull base of Battle s sign (*continued*) artery which develops first near the tip of the mastoid process See *unequal nares sign*

Fraentzel In mitral stenosis this sign or murmur is better heard at the beginning and the end of diastole than during the mid period (Authors Note—It is improbable that a pure mitral stenosis ever exists From the morbid anatomic standpoint more or less regurgitation coexists The position of the mitral stenotic element in the cycle se ms to depend on the tone and force of the left auricle Hence it may be proto meso, or deutero pathic)

Francke This consists of tenderness over the apex of the lung posteriorly in inflammation of the pleura

Frank s sign In diseases of the liver It may seem like an unlimited license to describe this as a sign but Frank was the first to suggest the term pseudohemophilia hepatica ' for a group of cases in which there may be evidence in life of hemor rhagic manifestations and in which post mortem it is observed that the blood fails to clot Since extensive liver damage results in a reduction of blood fibrinogen the clotting time of the blood is more or less prolonged This may be observed in chronic alcoholism with cirrhosis or in phosphorous or chloro form poisoning and it would be wise to include carbon tetra chloride as a possible factor (Authors Note—In carbon monoxide and cyanide poisoning the blood coagulates slowly)

Frankel s sign In tabes dorsalis this sign consists of the loss of tone of the muscles of the hip joint

Frèdèricq In pulmonary tuberculosis the presence of the red line on the gums at the margins of the teeth

Frey s syndrome Same as *auriculotemporal nerve syndrome* which see

Friedmann s vasomotor syndrome This is characterized by full ness in the head headache vertigo irritability insomnia rapid fatigue and defective memory It is the result of a traumatic subacute encephalitis which is usually progressive

Friedreich

1 In adherent pericardium the diastolic collap e of the cervical veins This sign is explained by Friedreich as the result of acceleration of the return circulation due to traction exercised by the diaphragm the lungs and the pericardial

Friedreich # 1 *(continued)*
adhesion following systole It is of le s value however than Friedreich believed

2 This sign con ists of a change of percussion note over a cavity during forced inspiration. Same as *Friedreich s change of note* which see

Friedreich s change of note Supposed to be indicative of an open cavity with flexible walls This sign con ists of a lowering of the pit h of the percussion note over cavitation during forced inspiration which necessarily in reases the volume of air It is conceivable of course as in the case of any tympanic head that tension may be increased to the point of flatness which is only occasionally met with in a case of pneumothorax

Frohlich s syndrome A name sometimes applied to a liposo genital dystrophy

Froin s syndrome This consists of xanthochromia, large amounts of globulin rapid coagulation and an increased number of lymphocytes in the lumbar spinal fluid It is the result of a block by a tumor and less frequently by a serous meningitis This is also known as the loculation syndrome

frontal lobe abscess For details refer to *pulse rate sign*

frontal sinus obstruction

***Ewing s sign* # 2** Frontal sinus obstruction is accompanied by tenderness at the upper inner angle of the orbit

front tap reflex A tap made by a percussion hammer over the stretched muscles of the extended leg induces contraction of the gastrocnemius muscles

functional paralysis See under *paralysis*

Furbinger In subdiaphragmatic abscess when a needle is inserted the movements of respiration will be transmitted to the needle This is not true in a case of an abscess above the diaphragm hence a distinguishing feature

furuncle sign of external auditory canal Furuncle of the external auditory canal is especially painful Pain is in reased by opening the mouth a point of differential value from otitis media.

G

Gaenslen's sign Hyperextension of one thigh while the sacrum is fixed produces pain *on that side* when there is involvement *of the* corresponding sacroiliac joint

gag reflex This may occur in the majority of individuals when a foreign body is introduced into the fauces Retching gagging and even vomiting may result In the susceptible individual even holding a foreign body between the teeth or the use of a toothbrush may result in *a similar reaction*

Gaillard's syndrome This syndrome consists of a dextrocardia due to a retraction of the lungs and pleura. *It is worthy of* note that in foreign bodies in the right lung or in a bronchogenic carcinoma on the right side *displacement of the heart to the affected side is* not unusual A similar condition may result from long standing fibrous lesions of the right lung or in an old tuberculosis *of the* right side

gait disturbance of

Charcot's sign # 2 Intermittent claudication or limping in arteriosclerosis of the legs and *feet*

gallbladder disease (cholecystitis)

cholecystohepatic flexure adhesions See *Verbrycke's syndrome*

Murphy's sign In gallbladder disease this sign consists of the inability on the part of the patient to breathe deeply when the examiner's fingers are inserted deeply *beneath the right* costal arch below the *margin of the* liver

Riesman's sign Ulnar percussion *Applying percussion with* the ulnar side *of the hand* the patient takes a deep breath and holds it Suddenly a blow of moderate force is made quickly over the upper portion of the *right rectus muscle In the presence of* disease *of the* gallbladder a sharp pain will be elicited Comparison may be made with the opposite side Sensitiveness over the kidneys is *determined by a* similar *force* applied over the loin at right angles to the long axis A calculus or inflammation in or about the kidney *may be revealed*

xiphoid sign Which see

phrenic pressure point This is somewhat analogous to the shoulder pain of gallbladder disease and may aid in differen

gallbladder disease (cholecystitis) *phrenic pressure point*
(*continued*)
tiating peptic ulcers of stomach and duodenum from disease of the liver and gallbladder The phrenic nerve point of sensitiveness which is elicited by direct pressure is situated between the right sternocleido mastoid muscle and the right scalenus muscle If disease of the diaphragm and of the thoracic viscera can be excluded this pressure point indicates gallbladder disease This phrenic pressure point is described by A Lareja Cornel who regards it as a diagnostic sign of acute malaria and believes the pain to result from a hepatosplenic syndrome

gallbladder diseases See *liver and gallbladder diseases*

gallbladder enlargement

Courvoisier s sign In gallbladder enlargement due to obstruction of the common duct neoplasm is indicated rather than calculous disease

gallbladder reflex In gallbladder disease of relatively recent origin muscle tension and sometimes tenderness can be elicited by pressure over the abdominal wall in the region of the passage of the ninth intercostal nerve through the head of the right rectus muscle In addition the right trapezius muscle will be more or less tender when pinched because of the fact that the right phrenic nerve sends a branch to the gallbladder The stimulus thus induced courses centripetally along the phrenic which in turn irritates the third to the fifth cervical roots hence shoulder pain

Gangolphe In strangulated hernia the presence of a serous bloody abdominal effusion.

gangrene

Moskowicz s sign In gangrene the result of vascular lesions the affected limb manifests a different vascular response to compression than a healthy limb In a limb with a normal vascular supply when an elastic ligature is applied allowed to remain for a few minutes and then released the skin which had been anemic will become red with the same intensity and rapidity on each side of the site of the ligature In the case of the gangrenous limb after the ligature is removed from a position some distance above the site of the gangrene the hyperemic response is slower and much less marked than in the case of a healthy limb

gangrene and necrosis

Prat's sign The sign consists in muscular rigidity which develops as gangrene or necrosis is occurring in wounds and thus is utilized as an indication for operation

gangrene pulmonary See *Behier Hardy sign*

Garel This is also called Burger's sign and occurs in diseased conditions of the antrum of Highmore See *Burger*

garlic odor of breath See *selenium poisoning syndrome*

gastric carcinoma

Carman's meniscus sign This is determined during fluoroscopy by an attempt to approximate the walls of the stomach by pressure palpation The resulting thinning of the layer of the opaque medium may also be accomplished by stroking movements of the fingers from above downward during the digestion ingestion of the barium and before full distention. This technic will often reveal a new growth on the posterior wall of the stomach or even the crater of an ulcer The center of a crater will be more dense than its shelving margins This sign may be attempted in the dorsal lateral or oblique positions and may even reveal a niche

For other signs see under *carcinoma*

gastric perforation

Brenner's sign Gastric perforation makes possible the accumulation of air between the stomach and diaphragm resulting in a metallic friction in the region of the 12th rib posteriorly when the patient is in a sitting position

gastric reflex In acute lesions of the stomach whether an acute gastritis or ulcer a midline reflex may be developed manifested by plus tension and tenderness and in the most acute cases also by hyperesthesia. The position of the particular area of tension and tenderness is always in the midline from above downwards between the xiphoid and the junction of the middle and lower third of this midline area Lesions in the area of the fundus manifest themselves reflexly in the upper midline area, and lesions toward the pylorus in the lower midline area Unfortunately in cases of gastric neoplasm this reflex is of no value and probably because the sympathetic cerebrospinal arc is obtunded

gastric retention

***Kussmaul's sign* # 1** Coma and convulsions may occur as a sign of gastric retention due to absorption of toxins

gastric ulcer See under *ulcer*

gastrocardiac syndrome This results from functional disturbance of the stomach or gallbladder and rarely of the pancreas with resulting disturbance of the circulatory system especially cardiac arrhythmia and not seldom a syndrome suggestive of angina pectoris

gastrocolic reflex Induced by the entrance of food into a fasting stomach In thin individuals a peristaltic wave may be seen along the position of the colon

gastroenterologic reflexes

duodenal reflex Which see
duodenal and gastric reflexes Which see
ether reflex Which see
gastric reflex Which see
gastrocolic reflex Which see
gastroiliac reflex Which see
intestinal reflex See *myenteric reflex*

gastroenterology

appendicitis See signs of *McBurney and Meltzer's # 2*
appendicitis acute See signs of *Ten Horn* and *Widmer*
appendicitis chronic or latent See signs of *Bastedo* and *Bassler*
appendicitis chronic recurrent See *Wolkowitsch's sign*
appendicitis gangrenous See *Brittain's sign*
cancer of stomach See *Boas' sign*
cancer visceral See *Trousseau's sign # 3*
cholecystitis See *Naunyn's sign*
duodenal ulcer See signs of *Cole* and *Gunzberg*
enteritis acute See *Stoke's sign*
esophageal constriction See *Meltzer's sign # 1*
esophageal stricture See *Trimadeau's sign*
gallbladder disease See *Murphy's sign*
gastric carcinoma See *Carman's meniscus sign*
gastric and duodenal ulcer Which see under *ulcer*
gastric ulcer See *Haudek's sign*
gastric ulcer and carcinoma See *Zugsmith's sign*
hepatic dullness obliteration of See *Clark's sign*

gastroenterology (*continued*)
- ***hourglass stomach*** See *Wolfler's sign*
- ***intestinal inflammation*** See *Rosenbach's # 1*
- ***intestinal obstruction*** Which see
- ***intraabdominal inflammatory lesions*** See *Mortola's sign.*
- ***intraabdominal or retrosternal tumor*** See *Trousier's sign.*
- ***intussusception*** See *Dance's sign*
- ***kink sign*** See *Mendel's sign*
- ***metastatic carcinoma of rectum*** See signs of *Blumer* and *Strauss*
- ***pancreatitis*** See *Turner's sign*
- ***peptic ulcer*** See *Leotta's sign*
- ***perigastritis*** See *Rosenheim's sign*
- ***peritonitis*** See *Blumberg's sign*
- ***pyloric carcinoma*** See *Tansini's sign*
- ***pyloric stenosis and gastrosuccorrhea*** See *Reichmann's sign*
- ***regional ileitis*** See signs of *Kantor* and *Weber*
- ***rupture*** See *Claybrook's sign*
- ***stomach diseases*** See *Kussmaul's # 1*
- ***stomach perforation of*** See *Brenner's sign*
- ***tetany*** See *Trousseau's # 2*
- ***tuberculous ulcers of mouth*** See *Trelat's sign # 1*
- ***typhoid fever and corneal opacities*** See *Brunati's sign*
- ***visceroptosis*** See *Stiller's sign*

gastroiliac reflex This is said to be the physiologic relaxation of the ileocecal valve resulting from food in the stomach

gastrointestinal diseases reflex phenomena in
- ***abdominocardiac reflex*** Which see
- ***anal reflex*** Which see
- ***duodenal reflex*** Which see
- ***ether reflex*** Which see
- ***gastric reflex*** Which see
- ***gastrocolic reflex*** Which see
- ***gastroiliac reflex*** Which see
- ***intestinal reflex*** See *myenteric reflex*
- ***rectal reflex*** Which see

gastrosalivary reflex This has been demonstrated in dogs when food was introduced into the stomach without any psychic impression having been made Under such circumstances saliva will flow more or less copiously after a lapse of some minutes

gastrosuccorrhea See *Teichmann s sign.*

Gault s reflex Also known as *cochleopalpebral reflex* which see

Gauser s syndrome This is known as acute hallucinatory mania and is characterized by hallucinations amnesia, more or less disturbance of consciousness and by bizarre behaviorism.

Gauss In pregnancy the increased mobility of the uterus in the first month of this condition

Geigel s reflex Also known as *inguinal reflex* This reflex occur ring only in females resembles the cremasteric reflex of the male When the upper and inner portion of the skin of the thigh is stimulated contraction of muscle fibers occurs along the region above Poupart s ligament.

Geisbock s syndrome In erythremia hypertension of a more or less marked degree may be observed in which case the syn drome is known as Geisbock s polycythemia hypertonica or as Geisbock s syndrome See *Ayer a s syndrome*

Gelineau s syndrome A name sometimes applied to narcolepsy The syndrome consists of two types of attacks

1 Sudd n uncontrollable sleep can be aroused min l clear Rarely an aura precedes

2 Cataplectic type of Adie Apt to follow some emotion as laughter which becomes uncontrollable Patient becomes weak and falls consciousness retained no true convulsive movements Narcolepsy first noted by Westphal in 18 7 and by Fischer in 1878 Both regarded it as an unusual form of epilepsy Gelineau in 1880 introduced the term narcolepsy and considered the condition quite distinct from epilepsy Probably the most complete description has been given by Adie

genital reflex Any form of genital irritation may express it elf in functional nervous manifestations masturbation and occa sionally in children convulsions may result

genitalia reflexes These may be the end site of a sexual reflex directly resulting from genital stimulation or indirectly from sexual emotion whether asleep or awake The reflex consists of erection and ejaculation

genitourinary

abdominal ascites Which see

appendicitis acute See *Horn s sign*

genitourinary (*continued*)
cirrhosis hepatic See *Gilbert s sign*
cremasteric reflex Which see
dartos muscle reflex Which see
dementia praecox See *Onanoff s sign* or *reflex*
extravasation of urine See *Brodie s sign*
Geigel s reflex Which see
genital reflex Which see
genitalia Which see
hematuria See *Pumpel Leede*
hydronephrosis See *flush tank sign*
kidney calculus or inflammation of See *Piesman s sign # 3*
kidney floating See *Guyon s sign*
kidney sclerotic See *Fodere s sign*
kidney stone or calculus of upper third of ureter Which see
micturition involuntary See *mass reflex*
nephrolithiasis See *Thornton s sign*
ovarian cyst with twisted pedicle See under *cyst*
penile reflex in dementia praecox Same as *Onanoff s reflex*
penile reflexes These are the *bulbocavernous reflex* and *Hughes reflex*
pregnancy tubal See *Golden s sign*
renal calculus See *Lloyd s sign*
scrotal reflex Which see
tabes dorsalis See *Pitre s # 1*
testicle compression reflex Which see
torsion of testicle and epididymitis See *Roche s sign*
ureteral calculus See *Sumner s sign*
ureteral calculus or catheterization See the following reflexes *visceromotor viscerosensory viscerotrophic*
urinary calculus Which see
urinary retention See the *urinary reflex* and the *vesicle reflex*
uterine cervix malignant disease of See *Spiegelberg s sign*
uterine tumor See Oliver s # ~ or see *Olshausen s sign*
virile reflex This nam is applied to both the *bulbocavernous reflex* and to *Hughes reflex*

Gerhardt
1 In aneurysm of the aorta the absence of the move — et of the larynx in dyspnea.

Gerhardt (*continued*)

2 In pulmonary tuberculosis with cavity formation and in pneumothorax with effusion the change of position of the patient produces change in percussion note. See *Gerhardt's change of note*. (Author's Note—This sign is closely allied with the signs of Biermer, Friedreich and Wintrich. These have been given in detail under the caption *cracked pot sound* and under their names.)

Gerhardt's change of note This change of percussion sound varies with the position of the patient and presupposes both air and fluid in the cavity. The sign is due to a change in the direction of the long axis of the cavity with change in position of the patient.

Gerlier's syndrome

1 This is a condition somewhat peculiar to those employed in stables and upon farms. It consists of pain upon the nerve trunks and in the muscles supplied, muscular contractions, vertigo, paresis and usually ptosis of the lids. It resembles a progressive myasthenia accompanied by pain.

2 The so-called paleostriatal syndrome which has been attributed to Hunt. It is also referred to as juvenile paralysis agitans, the result of a progressive degeneration of the globus pallidus. The syndrome is met with first in childhood and is characterized by increased muscle tone, the peculiar posture of Parkinsonism and the masklike expression of the face.

German measles

Forchheimer's sign This occurs in rubella or German measles and consists of a reddish eruption on the soft palate.

Gerstman's syndrome This is characterized by fingeragnosia, disorientation, agraphia, acalculia and right homonymous diplopia (inability to perform simple arithmetical calculations). By fingeragnosia is meant the inability to recognize, name, select or indicate the individual fingers of either hand. Confusion as to right and left both as to the patient and his inability to recognize this distinction in others. (The author attributes this syndrome to a lesion in what he calls the transition area between the angular gyrus and middle occipital convolution on the left side in the major (left) hemisphere.)

Gianelli See *Tournay's sign*

Gifford s reflex This consists of pupillary contraction when the individual endeavors forcibly to close the eyelids which are held apart

Gifford s sign In exophthalmic goiter the inability to evert the upper lid

Gilbert In hepatic cirrhosis the condition known as opsiuria. This means that more urine is excreted during fasting than during digestion

glands bronchial tuberculosis of

Eustace Smith # 1 This consists of a murmur heard on auscultation over the manubrium when the patient s head is rather forcibly extended

Fischer s sign (which is essentially the same as that of Eustace Smith # 1) In tuberculosis of the bronchial glands on auscultation over the first piece of the sternum with the patient s head well extended a murmur may be heard due to pressure of the glands on the innominate veins

vein sign In tuberculosis of the bronchial glands more or less obstructive congestion of a vein formed by the junction of the thoracic and superficial epigastric vein may be seen in the midaxillary line

gland bronchial lymph enlargement

Schick s sign In enlargement of the bronchial lymph glands usually tuberculous in an infant the sign consists of an expiratory stridor

Glasgow In aortic aneurysms which are otherwise latent a systolic sound may be heard in the brachial artery

Glenard s syndrome Also called *Glenard s Disease visceroptotic syndrome splanchnoptosis* Do not confuse with *Romberg Paessler syndrome* (which see) Consists of a prolapse or falling of the viscera usually the stomach intestines kidneys and liver May be congenital or acquired and is considered a manifestation of a general constitutional disturbance associated with asthenia or atony of most of the smooth muscles of the body Backache posture fatigue cold extremities cardiac palpitation sweating nervous breakdowns hypotension insomnia digestive disturbances and syncopal attacks may be present Diagnostic confusion with incipient tuberculosis and forme fruste (Trousseau s mild form of hyperthyroidism) must be avoided

globus paladus syndrome Same as Hunt s syndrome Described under *Gerlier s syndrome # 2* which has also been attributed to Hunt

gluteal reflex This reflex consists of contraction of the gluteal muscles when the skin over these mus les is stimulated

Goetsch test Though not to be construed as a sign this test justifies a reference because it is often employed in studies made in hospitals and not sel lom it confronts the dentist who may be alarmed after he has injected a local anesthetic con taining adrenalin in hyperthyroid patients. Even in those who have had a thyroidectomy a reaction may occur The te t is performed by injecting subcutaneously ¼ cc of a 1 1000 adrenalin solution after the patient has been at rest for at least an hour When positive the systolic bloo l pressure promptly rises and the diastolic falls the pulse becomes ac celerated *and the patient develops a tremor or a marke l* exaggeration of a preexisting tremor This series of events may last from a few minutes to an hour the patient in the meantime becoming weak and prostrate in proportion to the degree of thyrotoxicosis

Goggia This occurs in prolonged and exhausting diseases especially in typhoid fever and consists of a local contraction of mus le fibers especially observed in the biceps when this muscle is first struck with a percussion hammer and then pinched In healthy individuals the reaction is more marked for the fibril lary contraction then spreads over a greater length In disease it is strictly localized A somewhat similar quivering of the mus les occurs spontane usly in those who have been expo ed to great heat and also in myoclonus fibrillaris multiplex This con lition is th n spoken of as myokymia (Note—Rarely seen in the pectoral region over the l eart area in preagonal cardiac states *Robertson des ribed this latter sign*)

goiter exophthalmic

Ballet s sign In some cases of exophthalmic goiter and hysteria the pupillary reflexes and automatic movements of the eye pers st in the presence of ophthalmoplegia externa and loss of all voluntary eye movements

Charcot Vigouroux s sign or ***Vigouroux s sign*** Diminished skin resistance to the electric current in exophthalmic goiter

goiter exophthalmic (*continued*)

Dalrymple s sign In exophthalmic goiter the abnormal widening between the eyelids which reveals an excessive amount of the sclera

See *Gifford*

Graefe s sign In exophthalmic goiter the lag of the upper eyelid to move downward evenly with the downward movement of the eyeball The upper movements occur in a jerky fashion.

See *Grocco # 2*

See *Guttmann*

Joffroy s sign # 1 In exophthalmic goiter the forehead fails to wrinkle when the patient abruptly turns his eyes in an upward direction

Kocher s sign In exophthalmic goiter, when the examiner places his hand on a level with the patient s eyes and then raises the hand the upper eyelid of the patient moves up more quickly than does the eyeball

Mann s sign # 1 In exophthalmic goiter the two eyes appear not to be in the same horizontal line

Maranon s sign In exophthalmic goiter this sign consists of a vasomotor reaction which follows stimulation of the skin over the throat

Marie s sign In exophthalmic goiter the tremor of the extremities and sometimes of the entire body

Mobius sign In exophthalmic goiter the lack of con vergence of the eyeballs due to insufficiency of the internal rectus muscles

Riesman s sign # 1 In exophthalmic goiter a bruit i often heard when the stethoscope is placed over the closed eye

Rosenbach s sign # 3 In this condition a very fine and quite rapid tremor of the eyelids when the eyes are lightly closed

Stellwag s sign In this condition there is both infrequent and incompl te blinking of the eyelids and muscles and retrac tion of the upper lids causes widening of the palpebral fissure

Sucker s sign This sign consists of defective complementary fixation when the eyes are rotated laterally

See *Wilder*

See *Tellais*

Golden In tubal pregnancy a variable degree of pallor of the uterine cervix has been described

Goldthwaite s sign This sign is used particularly to differentiate more or less painful disorders in the lower part of the back and it consists essentially of raising the entire leg in the straight position with the thigh flexed and the knee extended and the foot held in a 90 dorsi flexed position thus keeping the gastrocnemius and hamstrings tense In doing this the examiner should raise the leg slowly with one hand placing the other hand under the lower portion of the patient s spine as tension increase leverage is applied gradually to the side of the pelvis If pain is developed prior to movement of the lumbar spine it is interpreted as due to a l sion such as an arthritis or to a sprain of ligaments involving the sacroiliac joint. If pain fails to develop until after movement is induced in the lumbar spine it is usually interpreted as diseas or injury of the sacroiliac or lumbosacral articulations and especially the latter In performing this test it should be equally applied to both sides of the body If the lesion is a lumbosacral one when the te t is performed on the side opposit to the site of the original complaint pain will probably be induced when the sound leg is raised to a po ition similar to that which cau ed pain on the side originally complained of In a sacroiliac lesion on one side it is as a rule possible to raise the opposite leg higher than that on the involved side without inducing pain Inflammations (acute or chronic) involving lumbosacral or sacroiliac joints severe strain arthritis (infectious or degenerative) or tub rculosis may be among the underlying factors causing the pain (Joel Goldthwaite was an orthopedic surgeon of Boston Mass)

Golonbov In chlorosis the tenderness elicited upon percussion over the tibia.

Goodell s sign In early pregnancy the consistency of the cervix is said to be as soft as one s lip If pregnancy is not present it is hard as the nose

Gordon s finger sign A relatively early sign of organic hemi pl gia When the examiner s thumb makes firm pressure over the pisiform bone of the affected side flexion of the thumb and index finger will o cur and sometimes flexion of all the fingers This is also known as *Souque s sign # 1* and as Souque s finger phenomenon

Gordon s reflex Known also as the *paradoxic flexor reflex* This reflex occurs when the motor tracts are involved It consists of

Gordon s reflex (*continued*)
extension of the great toe when sudden pressure is made upon *the deep flexor muscles of the calf of the leg*

Gould s bowed head sign Occurs in any destructive disease of the peripheral portion of the retina The inclination of the head when the patient is walking occurs in an effort to bring the image of the ground upon the functioning portion of the retina

Gouley s syndrome Pulmonary artery constriction by adhesive pericarditis *Almost entirely a manifestation of severe rheu matic heart disease* The pericardial adhesions may be local ized over the anterior aspect of the right auricle pulmonary conus and pulmonary artery less often over the pulmonary artery only Occasionally this lesion is the dominating fea ture of universal pericardial adhesion The syndrome con sists of

1 A harsh systolic murmur in the pulmonary area in the second and third left interspaces near the sternum

2 A greatly accentuated second pulmonic sound

3 A diastolic shock in the same area

4 A systolic pulsation coincidental with the systolic mur mur extending upward in the second and third left inter spaces in the direction of the pulmonary artery which may be followed by

5 A successive retraction of these interspaces a sinuous appearance when viewed in a good light

6 *In some cases the presence of a systolic thrill palpable* in the area of systolic murmur and pulsation

7 Increase in the area of cardiac dullness in the third left *interspace* indicative of hypertrophy and dilation of the right auricle

This syndrome is explained by (a) compression of the pulmonary artery (b) right ventricular hypertension and hypertension of the proximal portion of the pulmonary artery (c) adherent pericardium (*B F Gouley M D Philadelphia* General Hospital)

Gower s sign In tabes dorsalis the oscillations of the iris which occur under the influence of light *somewhat resembling hippus*

Gower s syndrome
1 Irregularity of the pupillary light reflex as sometimes in tabes dorsalis the contraction occurring by jerks and

Gower's syndrome # 1 *(continued)*
in an oscillating manner This is the same as Patton's syndrome

2 Gower's vasovagal syndrome This cerebral somatic syndrome is characterized by sudden onset gastric distress pallor nausea partial or complete syncope respiratory distress slow pulse heart consciousness abdominal distention flatulence sometimes with pylorospasm with peristaltic unrest and hyperchlorhydria The mental phenomena are of functional type fear and confusion dominating This syndrome is definitely clinical, but no actual lesion has been discovered It is not to be confused with Eppinger and Hess vagotonia, which is based upon a pharmacological response rather than a clear-cut clinical syndrome

Gradenigo's syndrome Suppurative otitis media with abducens paralysis and pain in the temporal region This occurs as a late manifestation of purulent otitis media. Essentially due to a serous or more often a suppurative leptomeningitis about the apex of the petrous bone spoken of as a petrositis The syndrome consists of severe temporal and parietal pain and paresis of the sixth nerve occurring in the course of a prolonged otitis media. It is obviously unlikely that such a condition would be confused with ophthalmoplegia externa of tabes dorsalis or the sixth nerve palsy which may occur early in the course of malignant tumors of the nasopharynx External rectus palsy results in lateral homonymous diplopia due to the convergent strabismus

Graefe In exophthalmic goiter the lag of the upper eyelid to move downward evenly with the downward movement of the eyeball. The upper movements occur in a jerky fashion

Grancher In any obstruction to expiration there develops an equality of pitch between inspiratory and expiratory sounds

Granger In extensive destructive disease in the mastoid in an infant not over two years of age radiographically the anterior wall of the lateral sinus is visualized

granular breathing An early and valuable sign in pulmonary tuberculosis The inspiratory element is rough and jerky as though expansion of the air vesicles occurred in an irregular manner or perhaps the result of irregular swelling of the walls of the bronchioles Similar to cogwheel breathing

Grasset In incomplete organic hemiplegia the patient is unable to raise both legs simultaneously though he can raise either

Grasset (*continued*)
one separately (Authors Note—Also known as Grasset Bychowski phenomenon and as Grasset Gaussel phenomenon)

Grasset Bychowski For description see under *Grasset*

Grasset Gaussel and Hoover When a hemiplegic patient is lying supine and attempts to raise the involved extremity, the sound limb exercises greater downward pressure on the examiner s hand than is noted when this method is followed with a normal individual

Gray s sign See under *appendicitis*

Gray s shoulder sign See under *appendicitis*

gray spinal syndrome This is characterized by muscular atrophy, syringomyelic disturbances of sensation and vasomotor phenomena *As the name implies the syndrome results from* lesions of the cord adjacent to the central canal

Gray Turner In acute pancreatitis local discoloration of the skin in the loin may occur

great toe reflex This is a comprehensive term and includes the *Babinski Chaddock Gordon* and *Oppenheim reflexes* These are frequently referred to as signs as well as reflexes For details see under *Babinski # 2*

Greene In pleuritic effusion *percussion* will reveal displacement outwards of the free border of the heart by expiratory movements

Gregory s sign See under *appendicitis*

Griesinger In thrombosis of the transverse sinus an edematous swelling develops posterior to the mastoid process

Griesinger Kussmaul In adherent pericardium the so called pulsus paradoxsus may be met with First described by Griesinger in 1854 and more fully by Kussmaul in 1873 The sign consists of diminution of the pulse up to the point of complete suppression during inspiration Kussmaul explained this as being due to adhesions between the aorta and sternum During inspiration the expansion of the chest made traction upon the aorta and thus narrowed it More recently pulsus paradoxsus has been noted in large pleural effusions and in stenosis of the larynx

Grissole A differential sign between measles and smallpox When an *involved area of the skin is put on the stretch and* the papule can no longer be felt the eruption is caused by measles If the papule remains palpable when the skin is stretched the eruption is due to smallpox

Grocco Pietro

1 The so-called paravertebral triangle of dullness or Grocco s triangle is a sign of pleural effusion and is found at the base of the chest posteriorly opposite the side of the effusion Grocco s triangle may also occur in consolidation but it does not disappear when the patient lies on the affected side as does the triangle in cases of pleural effusion free to move Rivista Critica Di Clinica Medica 1902 Vol III p 274 (Authors Note—We have found that the upper limit of the paravertebral triangle with the patient in the sitting position is always an appreciable distance below the level of the effusion)

2 In exophthalmic goiter when well developed muscular effort causes an acute dilation of the heart

3 When the liver is enlarged extension of dullness takes place to the left of the midspinal line

Grossman Early pulmonary tuberculosis The sign consists of dilation of the heart as determined by percussion (Authors Note—If one were in previous possession of an orthodiagram or teleroentgenogram of the heart a subsequent study under these conditions might prove of value indicating a yielding of the heart muscle)

Grunfelder s reflex Also called *fontanel reflex* Occurs in children not over five years of age who have middle ear disease It consists somewhat like the *Babinski reflex* of upward flexion of the great toe with fanlike spreading of the other toes induced by pressure over the posterior fontanel

Gubler In lead poisoning a swelling which occurs on the wrist

Guillain Barre Strohl syndrome Also known as *polyradiculo neuritis syndrome* This is characterized by absence of fever muscular pain or tenderness motor weakness resulting from root zone involvement tendon reflexes exaggerated early and absent late in the course and a great increase in the protein in the cerebrospinal fluid without a corresponding increase in the cells This occurs in syphilitic meningomyelitis. In any inflammatory involvement of the meninges of the brain or cord both albumin and globulin may be found in varying proportions An increase in globulin foreshadows an exacerbation of the fundamental lesion It would seem that the disorder is the result of the activation of some infectious agent

Guillain Barre Strohl syndrome (*continued*) perhaps a virus by sulfanilamide and hypertherm therapy It is a form of multiple root zone involvement

Guilland In meningeal irritation prompt flexion of the hip and knee joint occurs when the contralateral quadriceps muscle is pinched

Gunn's syndrome This is characterized by the association of movements of the upper eyelid with those of the jaw This so called jaw winking phenomenon was described first by Marcus Gunn in 1883

Spiller quoting Sinclair speaks of three series of movements of the jaw associated with elevation of the upper lid (1) Those in which an elevation of the eyebrow occurs either with lateral movements or wide opening of the mouth (2) those in which the associated movements are depression of the lower jaw with elevation of the eyebrow (3) those in which lateral jaw movements only are associated with the eyelid and eyebrow phenomena

The syndrome is a unilateral one, ptosis not invariably present but ptosis of the upper lid at rest may occur Variability in the size of the pupils and slight enophthalmos may be present on the affected side

The site of the lesion causing this condition is not definite It is conceivable that it may be cortical or nuclear or peripheral especially of the fifth cranial nerve

Gunzberg In duodenal ulcer a resonant area may be found between the gallbladder and pyloric regions on percussion and borborygmi in this area upon auscultation

Guttmann In exophthalmic goiter a bruit of a humming character heard over the thyroid gland

Guye In marked adenoids with or without large tonsils in children especially and in chronic obstructive catarrh of the nose and nasopharynx a condition known as aprosexia develops This implies an inability to fix the attention (Authors Note—This is often accompanied by a marked change in facial expression rather immobile and stupid sometimes accompanied by drooling or slobbering Perhaps the accompanying deafness may be a contributing factor)

Guyon Floating kidney The sign consists of ballottement which may be obtained by bimanual palpation (Authors' Note—This implies a completely ptosed and freely movable kidney)

H

Haab s reflex Also known as cerebral cortex refl x. This consists of pupillary contraction of both eyes With the patient being in a dark room when a bright object is brought within his field of vi ion contraction of both pupils occurs without ac ommodation or convergence

Hahn Cerebellar disease in childhood In this condition the persistent rotation of the head from side to side

Halban During pregnancy, fine growth of hair develops over face and body

Hall In aneurysm of the aorta, a diastolic shock felt on palpating the trachea.

Hand Christian syndrome Same as *Christian s syndrome* which see

hand infection of

Kanavel s sign In tendon sheath infection of the hand a point of maximum tenderness develops in the palm one inch below the base of the little finger

Hand Schuller Christian syndrome Same as *Christi in s syndrome* which see

Hanot s syndrome This consists of fever jaundice large liver and spleen without ascites These occur in hypertrophic biliary cirrhosis met with in young male adults especially and in children of both sexes

Hanot Chauffard syndrome The syndrome consists of the following triad Pigmentation of the skin hepatic cirrhosis and diabet s This is the so called *diabeté bron e* of the French. Essentially a terminal phase of hemochromatosis, first described in 1889 by von Recklinghausen

Hassin s sign This sign introduced by Dr George B Hassin of Chicago consists of an ear phenomenon in lesions of the sympathetic nerve in the cervical region or in the medulla. Such lesions induce a typical triad known as the *Horner* or *Horner Bernard syndrome*—namely narrowing of the palpebral fissure myosis and enophthalmos which occur on the side of the lesion Hassin calls attention to an additional feature and

Hassin s sign (*continued*)
that is protrusion of the pinna of the ear on the side of the lesion and the ear is drawn somewhat ba kward It is of inter est too to note that this may be observed in lesions of the lateral or retroolivary regions of the medulla, these regions being supplied by the posterior inferior cerebellar artery Path ways emanating from this region conduct pain and tempera ture sensations for the ipsolateral side of the face (descending root fibers of the trigeminal nerve) and the contralateral side of the body (the lateral spinothalamic tract) The e cro ed dissociated sensory disturbances an l the Horner syndrome con stitute the most important evidences of that which is known as Wallenberg s syndrome or thrombosis of the posterior inferior cerebellar artery Horner s syndrome however is not an absolute constant The author Dr Hassin suggests that the ear phenomenon be called the Langley Sherrington sign be cause of their experimental l monstration of this phenomenon in monkeys (Langley and Sherrington on pilomotor nerves Journal Physiology Cambridge 1. 278 1891)

Hatchcock In mumps the tenderne s which exi ts on light pres sure by the finger in the direction of the angle of the jaw from above downward

Haudek In penetrating gastric ulcer the so called Haudek s niche can be visualized as a projecting shadow due to presence of bismuth in the lesion.

Haudek s syndrome This consists of one or more areas demon strated radiographically by the bismuth test meal in cases of peptic ulcer These areas or spots are bismuth depositories

Hayem Widal syndrome This consists of jaundice with in creased fragility of the red corpuscles to hypotonic salt solu tion moderate enlargement of the spleen It is known also as acquired hemolytic jaundi e It is probable that many of these cases fall into the category of Weil's disease, due to spirocheta icterohemorrhagica (leptospira hemorrhagica) This is the same as the *Widal syndrome*

heart In cases of hypertrophy or dilation or both the so called cardiac reflex known also as Abram's reflex may be employed as a differential procedure and in a restricted sense as a prog nostic criterion *Refer to cardiac reflex* When in extreme dilation little or no reduction in cardiac area results from the application of the appropriate stimulus it is evident that the

heart (*continued*)
elastic limit has been reached The degree of response there fore furnishes in this sense a prognostic measure

heart beat acceleration of
Prevel s sign This consists of an increase in the rate of the heart beat when an individual changes from the recumbent to the upright position (Authors Note—There is normally a difference of about ten beats in the two positions No real value attaches to this sign because of the manifest impropriety of attempting to elicit it in a bedridden patient)

heart beat timing of murmurs See *Farfel s heart murmur tim ing sign*

heart coronary thrombosis See Furklen s sign

heart left ventricular failure See *Wood s and Selt er s sign*

heart reflex The so called *bregmocardiac reflex* which see

Heberden In chronic arthritis more frequently in women than in men small nodes develop as bony outgrowths from the lateral margins of terminal phalanges of the fingers less often of the toes They are prone to develop toward middle life persist throughout life often leading to rigidity and flexion of the terminal phalanx. In such individuals more severe and widespread manifestations of arthritis rarely occur

Hegar In pregnancy the softening of the lower uterine segment

Heilbronner In organic paralysis in consequence of lack of mus ular tone the affected thigh spreads out becoming broader and flatter than its fellow when the patient is supine upon a firm base This differentiates this condition from functional or hysterical paralysis This is also known as Heil bronner s thigh

Heim Kreysig In adherent pericarditis a d pression of the inter costal spaces occurs on the left side during cardiac systole

Hellat In suppurative mastoiditis the transmission of sound waves is decreased A tuning fork vibrating on the area of dis ase is heard over a shorter period than when applied to any healthy part

hematology
Risquet s sign So called Risquet s sign finding in malaria is characterized by free blood pigment in the blood stream. (Authors Note—Except in mal gnant types of malaria rapidly fatal such a condition would be merely an accidental

hematology *Risquet s sign (continued)*
finding because the free pigment would be taken up rapidly by the leukocytes becoming the so called melaniferous leuko cytes)

hematuria

Rumpel Leede phenomenon In hematuria especially due to some blood dyscrasia as the purpuras or a hemolytic strepto coccus infection a moderately firm ligature placed upon the upper arm for about ten minutes causes ecchymoses distal to the ligature Very marked in scurvy Under such a condition the flickering technic of Dr Harold Jones will suffice to induce local purpuric spots Often due to vitamin C deficiency

hemiparaplegic syndrome Same as *Broun Sequard syndrome* which see

hemiplegia

Babinski s sign or reflex # 4 The contraction of the platysma muscle is more pronounced on the healthy than on the affected side observed in opening the mouth widely or in the act of blowing or whistling

Babinski s sign or reflex # 5 This sign known also as the combined flexion phenomenon is developed as follows With patient recumbent and arms folded he attempts to assume a sitting posture In doing so the thigh of the para lyzed side is flexed upon the pelvis and the heel of the same side is lifted from the ground The uninvolved limb remains more or less quiescent On again assuming a complete recum bent posture the above phenomenon is repeated

Bechterew s # 2 In this condition when the forearms are relaxed after having been flexed even when the contracture is slight the forearm on the paralyzed side will return more slowly than the sound arm and in a somewhat jerky fashion

Bechterew s # 4 In hemiplegia and rarely in brain tumor when the foot is passively bent in a plantar direction and released dorsal flexion of the foot occurs with flexion of the knee and hip of the same side

Brain s reflex See under this name

bulbomimic reflex In the comatose phase one may employ the so called bulbomimic reflex to differentiate a coma of toxic origin from hemiplegic coma known also as the facial reflex and *Mondonesi s reflex* which see

Claude s hyperkinesic sign When a totally paralyzed limb is picked pinched or very deeply pressed upon extension or

hemiplegia Claude s hyperkinesic sign (*continued*) flexion of the limb may occur When such response does occur, the prognosis is more favorable

forearm sign In hemiplegia passive flexion of the hand and wrist on the involved side reveals more or less failure of normal flexion at the elbow joint This is also known as *Leri s sign*

Grasset Gaussel and Hoover s sign When a hemiplegic patient is lying supine and attempts to raise the involved extremity the sound limb exercises greater downward pressure on the examiner s hand than is noted when this method is followed with a normal individual

Hoover s sign # 1 In hemiplegia as well as under normal conditions when the supine individual is told to press the unaffected leg against the bed a lifting movement will occur in the other leg This is not the case in the malingerer or in hysteria.

Horsley s sign In hemiplegia, if there is a difference in the axillary temperature on the two sides of the body it will be found higher on the affected side

Marie Foix sign When the leg cannot be moved voluntarily the lower leg will be withdrawn when forceful transverse pressure of the tarsus is made or when forced flexion of the toes is practiced

McCarthy s sign of pyramidal tract disease This sign is elicited by percussion over the site of the supraorbital nerve It elicits an exaggerated supraorbital reflex with resulting contraction of the orbicularis palpebrarus muscle

Neri s sign # 2 In monoplegia or hemiplegia The patient being in a recumbent position with arms extended and pronated when the examiner flexes the sound arm it remains pronated but the paretic arm supinates

orbicularis sign The patient is unable to close the eye on the paralyzed side without closing the opposite eye

Prevost s sign In this condition the sign consists of conjugate deviation of the head and eyes The eyes are directed toward the side of the lesion and away from the paralyzed extremities

Raimistes sign # 2 In hemiplegia when the patient is in the dorsal position with the legs separated and told to bring the sound leg toward the paralyzed leg the examiner at the same time opposing this movement the paralyzed leg will then

Raimistes sign # 2 *(continued)*
move toward the sound side These are associated movements or synkinesias

Rosenbach s sign # 3 The absence of a reflex when the skin of the abdomen on the paralyzed side is irritated or pinched in the hemiplegic

triceps reflex In this condition the so called triceps tendon or elbow reflex may be elicited See under *triceps reflex*

Weber s syndrome Paralysis of the oculomotor nerve the third cranial nerve on the side opposite the hemiplegia See *Weber Gubler syndrome*

hemiplegia organic

associated movements For details see under *Babinski*

Gordon s finger sign When present suggests organic hemiplegia See under *Gordon* for detailed description

Klippel Weil sign In pyramidal tract disease when the contracted fingers of the patient are quickly extended by the examiner flexion and adduction of the patient s thumb ensues

Neri s # 1 In organic hemiplegia when the patient is in the dorsal position when the affected leg is passively lifted the sign consists of a spontaneous bending of the knee This is sometimes referred to as *Neri s leg sign*

Oppenheim s # 2 The examiner grasps the anterior and external aspect of the tibia making firm pressure with the thumb and fingers from above downward whence the big toe assumes dorsal extension Normally if the big toe responds at all it does so by plantar flexion This sign is a variant of *Gordon s reflex* which see

Rossolimo s reflex or sign Occurs in lesions of the pyramidal tract as in organic hemiplegia When the great toe of the paralyzed side is lightly percussed or stroked upon its plantar surface extension or adduction of the toe results (Authors Note—This may be regarded as a variant of *Babinski s # 2*)

Strumpel s # 1 This is one of the so called "associated movements met with in organic hemiplegia. It is elicited by having a patient attempt to flex the leg upon the thigh during which contraction of the tibialis anticus occurs At the same time dorsal flexion and adduction of the foot occurs upon the affected side This becomes more pronounced if the attempted leg movement is resisted by the examiner

Strumpel s # 4 This is a sign of organic hemiplegia and is present even when the contracture is slight It is elicited

hemiplegia organic Strumpel s # 4 (continued)
by flexing the forearm over the arm It will be noticed that the forearm assumes a position of pronation in consequence of which the hand is in the dorsal position in relation to the shoulder and not in the palmar position

thumb sign Same as *Klippel Weil* which see

toe sign Cerebral edema In certain brain injuries the Babinski plantar reflex is often diagnostic. See under *Babinski*

trepidation sign This is most marked as a sign of organic hemiplegia, lateral tract disease and disseminated sclerosis and is the result of an exalted reflex state Consequently it may be seen in extremely nervous individuals in whom inhibition is lessened but it is then bilateral whereas in hemiplegia it occurs only on the affected side It is elicited by a sudden downward push upon the patella by the examiner For a few moments subsequently more or less pronounced downward movements of the patella take place Also called *patella phenomenon* See *ankle clonus*

hemiplegia organic incomplete

Grasset s sign In incomplete organic hemiplegia the patient is unable to raise both legs simultaneously though he can raise either one separately Also known as *Grasset Bychowski sign Grasset phenomenon* and as *Grasset Gaussel phenomenon.*

hemiplegia organic percussion

Mendel Bechterew sign In organic hemiplegia using a percussion hammer over the dorsal surface of the cuboid bone causes flexion of the small toes

hemoglobinuria

Uriolla s sign Consisting of melaniferous granules (blood pigment) in the urine of patients with severe malaria (Authors Note—Melaniferous pigment is also to be seen in the so-called melaniferous leukocytes In blackwater fever or hemorrhagic malarial fever a severe form met with in the tropics or in those who have recently returned from the tropics excessive hemolysis may occur and hemoglobinuria may develop Whether the excessive ingestion of quinine is a factor is still an open question It is to be noted too that extreme cold or excessive fatigue may cause a paroxysmal hemoglobinuria.)

hemopleuropneumonic syndrome This consists of an evident infectious process with fever dyspnea tachycardia and hemop

hemopleuropneumonic syndrome (*continued*)
tysis There is shifting flatness of variable degree over the lower portion of the thorax and tubular breathing immediately above due to punctured wounds of the chest or to fractured ribs with perforation of the pleura and resulting pneumonia and hydrothorax A succussion splash is a frequent accompaniment

hemorrhage postpartum
McClintock s sign It may be suspected if the pulse rate exceeds 100 an hour or more after the birth of the child

hemorrhagic striae and puncta
Verco s sign (Erythema nodosum) This sign consists of punctate hemorrhages or striae under the tongue and also on the hands and feet

Hennebert In congenital syphilis when a labyrinthitis occurs compression of the air in the external auditory canal causes *rotary nystagmus to the diseased side Lessening of the pressure in the canal cau es nystagmus to the opposite side* This *is also known as the pneumatic sign of Hennebert* '

hepatic cirrhosis
Gilbert s sign In hepatic cirrhosis the condition known as opsiuria. This means that more urine is excreted during fasting than during digestion

hepatic dullness obliteration of
Clark s sign Obliteration of hepatic dullness may occur in tympanitic distention of the abdomen from any cause

hepatic venous thrombosis of See *Chiari s syndrome*

hepatica pseudohemophilia Hemorrhagic tendency and failure of the blood to clot For details see *Frank s sign*

hepatorenal syndrome Known also as Heyd s syndrome and also as liver death syndrome because of the fatality of the condition Heyd described three groups In the first the postoperative syndrome develops within 24-48 hours and consists of progressive hyperthermia no jaundice increasing cerebral irritability and death

In the second group there is jaundice hyperthermia somnolence irritability oliguria coma and death *This type develops* sudd ly three *or four days postoperatively*

In *he third group* the syndrome develops *from six* ten days *po to* eratively and con i ts of a more definite renal phase with levation of blood urea and a lowering of blood chlorides

hepatorenal syndrome (*continued*)
somnolence irritability oliguria, coma and death but without the intervention of hyperthermia.

This syndrome is also met with in postoperative hyperthy roid cases and le s frequently in cases with severe burns and intestinal obstruction.

Hering s phenomenon preagonal

Hering s sign This sign consists of a faint murmur which may be heard with a stethoscope placed over the inferior end of the sternum and continues for a short time after death

Hering Breuer reflex This is a normal physiologic reflex result ing from stimulation of the end organs of the intact vagi in the lungs When these are stimulated by distending the lungs in breathing reflex deflation occurs the inspiratory act then follows deflation

hernia incarcerated obturator

Romberg Howship sign Characterized by lancinating pains in the leg (Authors Note—This is practically always uni lateral unlike the lancinating pains in locomotor ataxia or more rarely in cerebrospinal syphilis but a possible similarity should be borne in mind and collateral evidences of such forms of syphilis should be sought for)

hernia strangulated

Gangolphe s sign The collection of serous and bloody ab dominal effusion in this condition.

Hernig Lommel This is a respiratory cardiac arrhythmia and consists of an exaggerated increase and decrease of the heart rate with inspiration and expiration respectively It is also known as sinus arrhythmia and juvenile arrhythmia

Hertwig Magendie This consists of a pe ul ar deviation of the eyes in which there is downward and inward rotation of the homolateral globe and upward and outward rotation of the contralateral eyeball. This is also known as skew deviation Can oc ur only in a lesion of the cerebellum involving the vest bular nucleus See *middle cerebellar peduncle syndrome*

Hertzel In arterioscleros s when pneumatic pressure is made to occlude the circulation of both legs and one arm the blood pressure in the remaining arm may be elevated as much as 60 mm of mercury above the pressure previously determined before occlusion In the absence of vascular disease blood pressure rarely rises above 5 mm. under similar conditions

Heryng Maxillary antrum infection When pus exists in the antrum electric illumination of the buccal cavity will reveal an infraorbital shadow This is synonymous with Voltolini's sign

Heyd s syndrome Same as *hepatorenal* and *liver kidney syndrome* Sometimes referred to as *liver death syndrome*

Hicks This is one of the well known signs of pregnancy but is perhaps better known as *Braxton Hicks sign* It consists of intermittent contractions of the uterus appreciable after the third month of pregnancy Uterine tumors may sometimes give rise to similar intermittent contractions

Higoumenakis sign This sign is sometimes called the clavicular sign of congenital syphilis and consists of a tumefaction or enlargement of the internal third of the right clavicle It is never observed in patients with acquired syphilis or entirely well persons and is supposedly due to a hyperostosis resulting from a syphilitic osteitis

hip disease hysterical

Putnam s sign In hysteria with apparent disease of the hip this sign consists of a lengthening of the involved limb

hip joint flexion of

Thomas sign This sign consists of a compensating lordosis which may occur in flexion of the hip joint

Hippus See *pupillary reflex*

Hirschberg s reflex This reflex consists of adduction of the foot when the sole of the foot at the base of the great toe is stimulated or irritated

Hirschberg s sign Pyramidal tract disease and organic hemiplegia The sign consists of internal rotation and adduction of the foot when frictional irritation is produced upon the inner lateral aspect of the foot

Hochsinger

1 In tuberculosis of childhood indicanuria is a finding sufficiently frequent to warrant its acceptance as a sign

2 In tetany if pressure is made on the inner side of the biceps muscle the hand will promptly close in a fist formation.

Hoehne During the puerperium if uterine contractions are persistently absent despite repeated injections of pituitary extract this is looked upon as a sign of rupture of the uterus

Hoffmann

1 In tetany an increased mechanical irritability of the sensory nerves Weak galvanic currents as well as pressure may cause paresthesia and even pain

2 In pyramidal tract disease a sudden snapping of the nail of the index middle or ring finger of the affected side results in flexion of the terminal phalanx of the thumb and of the last two phalanges of one or more of the other fingers It may occasionally occur in exalted nervous states or in hysteria but is then apt to be bilateral This is also known as *Tromner s sign*

Holme s rebound sign Known also as the *rebound phenomenon* This occurs in unilateral disease of the cerebellum. The patient flexes the arm on the side opposite to the lesion resistance to this flexion being made by the examiner When this resistance is suddenly withdrawn flexion as suddenly continues and the patient s hand will strike his chest more or less forcibly This manifestly bespeaks a delay in the response of the antagonistic muscles

Homen s syndrome This is characterized by giddiness stagger ing indistinct speech impaired memory and gradually increas ing dementia with rigidity of the body and particularly the legs This results from a lesion of the lenticular nucleus.

Hooke s law Robert Hooke (1635 1703) was a remarkable genius whose powers of observation and deduction led him to many discoveries In his Micrographia published in London in 1665 he was the first to make reference to cell structure when he spoke of little boxes or cells distinct from one another In 1676 he enunciated a law which has come to be known as Hooke s law i.e. stress is proportional to strain The limit of elasticity varies widely with different substances and the law is relatively true within the limit of elasticity for any par ticular substance When the elastic limit is exceeded complete molecular restitution is impossible and the stress exerted is known as the limiting stress when elastic recovery is impossible

Hoover

1 In hemiplegia when the supine individual is told to press the unaffected leg against the bed a lifting movement will occur in the other leg When the examiner places his hand under the heel of the paralyzed side at the same time telling

Hoover # 1 (*continued*)
the patient to elevate the sound leg the heel of the paralyzed leg will be felt to make pressure against the examiner s hand

2 In pericardial effusions of any magnitude diminished expansion of the chest is apt to occur because of interference of movements of the diaphragm The left costal border may remain stationary instead of moving outward during inspiration

Hope In aortic aneurysm a double heart beat

Horn In acute appendicitis pain is produced by traction of the right spermatic cord

Horner s syndrome Characterized by ptosis enophthalmus miosis as the most constant components though ipsolateral anhidrosis is considered a part of the syndrome Ipsolateral vasodilatation of the head and neck are sometimes included This results from lesions of the cervical sympathetics or as a manifestation of a suprasulcus tumor It may also occur in disease of the lower portion of the medullary tegmentum where the oculopupillary center which controls the ciliospinal center in the eighth cervical and first thoracic segments is located

Horner s syndrome and Tournay s sign See *Tournay s sign* for complete details

Horsley In hemiplegia if there is a difference in the axillary temperature on the two sides of the body it will be found higher on the affected side

Horton MacLean and Craig See *vascular headache syndrome*

hot cross bun skull

Parrot s sign # 2 In congenital syphilis the frontal eminences are apt to be exaggerated These are known as Parrot s nodes or the natiform or hot cross bun skull ' Other nodes may also occur as osseous residues of periosteal and osteomyelitic lesions especially in tardive cases often with the development of interstitial keratitis

hourglass stomach

Wolfler s sign In this condition fluids rapidly pass the relative obstruction but lavage reveals food fragments which may manifest evidences of fermentation and putrefaction depending upon the degree of stenosis and retention (Authors Note—In spastic types relaxation will follow the hypodermic administration of 1/50 of a grain (1 3 mg) of atropine sulfate The x ray examination of such a case confirms the diagnosis of

hourglass stomach Wolfer s sign (*continued*)
an hourglass stomach but does not necessarily differentiate an organic from a functional type)

Howship-Romberg In incarcerated hernia the lancinating pains occurring in the leg See *Romberg Howship*

Huchard

\# **1** In arterial hypertension the rate of the pulse is not apt to be diminished when a change is made from the standing to the recumbent posture

\# **2** In pulmonary edema, what is termed paradoxic percussion resonance takes place

Hueter In bone fracture when fibrous tissue exists between the fragments the usual transmission of vibration through the bone is absent

Hughes reflex This is a genital reflex This reflex is known also as one of the two varieties of virile reflexes When the prepuce or gland of a completely relaxed penis is pulled upward a sudden downward movement of the organ is produced

Hughling Jackson syndrome See *Jackson s syndrome*

Human s sign This sign described by J N Human was observed by him in more than half of 600 patients he observed to the third stage of anesthesia The sign is that of a downward movement of the larynx and chin during inspiration The depressor muscles of the chin always become more tense even when the chin fails to move This tension of the muscles below the chin can be felt by the anesthetist s fingers as he anesthetizes the patient and it begins when the corneal reflex disappears (the pupils begin to dilate and eyeball movements cease) This sign is always more pronounced when a closed system of anesthesia with rebreathing is employed and it occurs whether ether chloroform or nitrous oxide is the anesthetic It is probably explained by the downward movement of the diaphragm and the downward movement of the lungs also carrying downward the trachea and larynx with their attachments

humoral reflex This is also known as the *chemical reflex* which see

hunger pain syndrome May occur in a number of different conditions and not necessarily indicative of peptic ulcer Consists of epigastric pain with empty stomach and relief after

hunger pain syndrome (*continued*)
ingestion of food Is seen in peptic ul er chronic cholecystitis chronic appendicitis and functional pylorospasm. Emphasis should be given to the fact that hunger pains do not necessarily indicate ulcer but may be caused by any one of several organic lesions in the abdomen or may be a manifestation of a conditioned reflex of functional origin Hughson has shown that hyperperistalsis and pylorospasm may result not only from intragastric lesions but an irritation anywhere in the peritoneum will produce the same picture

Hunt s geniculate syndrome This is characterized by herpes zoster of the auricular region with or without facial palsy febrile disturbance neuralgic otalgia and herpes of the tympanic membrane *This is due to a filterable virus infection of* the geniculate ganglion.

Anatomic variations in the site of the lesion explain the variability of symptom groupings The nerve of Wrisberg which lies between the seventh or facial nerve and the cochlear division of the eighth or auditory nerve when involved in the inflammatory process may implicate either or both the seventh and eighth nerves hence possible facial paralysis (*seventh*) *or* deafness tinnitus nausea vomiting vertigo and even nystagmus (eighth)

Hunt s striatal syndrome
1 This is known also as the *Pallidal* or *paleostriatal syndrome* It is characterized by muscular rigidity and tremor of the paralysis agitans type with paralysis of automatic associated movements resulting from degeneration of the globus pallidum of the corpus striatum It has been termed the *paralysis agitans syndrome*

2 *Neostriatal syndrome* also referred to as the *choreiform syndrome* This is characterized by spontaneous choreiform movements of the automatic associated type due to involvement of the striopallidal portion of the corpus striatum.

3 When both the globus pallidus and the neostriatal (striopallidal) systems are involved the syndrome consists of choreiform movements and the syndrome of paralysis agitans in varying degre s with athetosis and muscular dystonia This phase is essentially that of Kinnear Wilson s disease d scribed by him in 1912 as hepatolenticular degeneration or progressive lenticular degeneration

Hunterian glossitis syndrome This syndrome is e sentially that of pernicious anemia It was advanced by William Hunter in 1900 on the basis of a septic hemolysis due to infection in any part of the alimentary canal However sore mouth was first called attention to by Barclay in 18o1 atrophy of the gastric mucosa by Fenwick in 187 and von Noorden in 1891 first des ribed a hlorhydria.

Huntington In lesions of the pallıospinal pathway the patient must be supine with his legs suspended over the edge of the bed and he is then told to cough forcibly If this act results in extension of the leg and flexion of the thigh on the paralyzed side it is indicative of lesions of the pallıospinal tract

Hurler s syndrome This syndrome is characterized by a dispro portionately large head rather grotesque and inhuman facial development with deformity of the limbs first described in 1919 This is essentially a chondroosteodystrophy to which Sheldon and Capon applied the name gargoylism

Hutchinson Jonathan

1 Inherited syphilis (congenital syphilis) This is indicated by an interstitial keratitis and a dusky red dis coloration of the cornea

2 In congenital syphilis the permanent incisors are notched and have narrow edges These are also known as peg topped teeth and are commonly referred to as Hutchinson s teeth but they are not absolutely diagnostic of congenital syphilis though if one confines himself to the classical de scription of Hutchinson clinical and laboratory evidence will usually reveal lues Moon s dome shaped small first molars also the so called mulberry molar with dwarfed and de fective cusps and bulging due to overgrowth of the enamel about the crown sometimes referred to as th Fournier molar and the so called Carabelli tubercle consisting of an accessory cusp on the inner side of the upper first molar (Authors Note—The evidence of congenital lues from the standpoint of the teeth in addition to the above is the Gothic arch Moon s mulberry molar and the so called Carabelli tubercle)

3 In congenital syphilis the so call d Hutchinson s triad Interstitial keratitis notched teeth and deafness

Hutchinson s syndrome

1 This is also known as Hutchinson s triad and occurs

Hutchinson's syndrome # *1 (continued)* in congenital syphilis This syndrome is characterized by Hutchinson's teeth, deafness and interstitial keratitis

2 This syndrome occurs in children from three to nine years of age as a result of adrenal sarcoma It is characterized by ecchymosis of one or both eyelids, exophthalmos tumor of the orbit and temporal region extension to the auricular and submaxillary lymph nodes The peculiar characteristic is that the orbital tumor may reach a large size but the primary adrenal growth may not be suspected to be discovered only by necropsy

hydatid disease of the liver

Rovighi's sign This sign consists of a sensation of fremitus on palpation and sometimes on bimanual palpation of the organ

hydatid echo sign For details see *echo sign*

hydronephrosis

flush tank sign In hydronephrosis this sign consists of the disappearance of the lumbar swelling following voiding of a large amount of urine

hydropericardium

Duchenne's sign In some cases of hydropericardium and in paralysis of the diaphragm from any cause there occurs a collapse or kinking in the epigastric area on inspiration

hyperfunctioning thyroid disease oculocardiac reflex and cardiac rate in In individuals whose thyroid is overfunctioning a fall in systolic pressure and a retardation of pulse rate may follow an injection of thyroid extract or thyroxin At the same time the oculocardiac reflex persists See *thyroid sign*

hyperkinesis sign This sign occurs in paretic muscles and consists of reflex movements of these muscles induced by painful stimuli This is also known as *Claude's hyperkinesis sign*

hypertension arterial

Huchard's sign # *1* In arterial hypertension the rate of the pulse is not apt to be diminished when a change is made from the standing to the recumbent posture

hypertension left ventricular failure See *Wood's and Seltzer's sign*

hyperthyroidism

Jellinek's sign In hyperthyroidism the brownish pigment which often develops in the skin in various situations

hyperthyroidism (*continued*)
See also the following signs

Abadie s sign.
Ballet s sign
Becker s sign
Boston s sign.
Bryson s sign
Charcot Vigouroux s sign
Dalrymple s sign.
Gifford s sign
Graefe s sign
Grocco s # 2 sign
Guttmann s sign
Joffroy s # 1 sign
Kocher s sign
Lucatello s sign
Mann s # 1 sign
Marie s sign
Maranon s sign
Mobius sign
Rosenbach s # 3 sign
Riesman s # 1 sign.
Ruggeri s sign
Stellwag s sign
Sucker s sign
Tellais sign
Thyroid sign
Vigouroux s sign
Wilder s sign.

hyperthyroidism syndrome (paroxysmal) Same as *Levi s syndrome*

hypertonia

Kernig s sign # 2 Hypertonia as applied to muscles in a state of exalted tone or tension.

Negro s sign # 2 or **cogwheel phenomenon** This is a muscle phenomenon and occurs when a hypertonic muscle is passively stretched Under such conditions the resistan e of the muscles may result in irregular jerky movements

hypertrophy cardiac

Bouillaud s sign # 1 A tinkling sound audible to the right of the apical impulse in this condition

hypoadrenia

Pende s sign This sign consists in the development of goose flesh after rubbing or irritating any skin area. Pilomotor reflex

hypochondrial reflex This is produced by sudden pressure made below the costal border the reflex consisting of a sudden inspiratory act

hypogastric reflex of Bechterew

Bechterew s reflex # 5 When the skin of the inner surface of the thigh is stroked contraction of the muscles of the lower abdomen occurs

hypoglossal alternating hemiplegia syndrome In the lower motor neuron type of paralysis this is characterized by a palsy

Hutchinson s syndrome # 1 (*continued*) in congenital syphilis This syndrome is characterized by Hutchinson's teeth ' deafness and interstitial keratitis

2 This syndrome occurs in children from three to nine years of age as a result of adrenal *sarcoma* It is characterized by ecchymosis of one or both eyelids *exophthalmos tumor of the orbit* and temporal region extension to the auricular and submaxillary lymph nodes The peculiar characteristic is that the orbital tumor may reach a large size but the primary adrenal growth may not be suspected to be discovered only by necropsy

hydatid disease of the liver

Rovighi s sign This sign consists of a sensation of fremitus on palpation and sometimes on bimanual palpation of the organ

hydatid echo sign For details see *echo sign*

hydronephrosis

flush tank sign In hydronephrosis this sign consists of the disappearance of the lumbar swelling following voiding of a large amount of urine

hydropericardium

Duchenne s sign In some cases of hydropericardium and in paralysis of the diaphragm from any cause there occurs a collapse or kinking in the epigastric area on inspiration

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I

Idiocy amaurotic family

Tay's sign Known as the "cherry red spot" met with in amaurotic family idiocy The sign consists of a red spot occurring bilaterally on the retina in the region of the macula (Authors' Note—Amaurotic family idiocy is also known as Tay Sachs disease after Warren Tay and Bernard Sachs New York neurologists)

Ileitis regional Terminal and spastic colon For details see the signs of *Kantor* and *Weber*

Illiescu's sign See under *appendicitis*

Indirect reflex Known also as *crossed reflex* which see for description

Infantile scurvy

cardiorespiratory sign Change in the normal pulse respiration ratio from 4 1 to 2 1

Infectious diseases

adynamic fevers Which see

anterior poliomyelitis See under *poliomyelitis*

articular rheumatism in children See under *rheumatism*

capillary pulse See *Quincke's sign*

differential sign See *Grisolle's sign*

diphtheria See the following signs *doll's eye* *Castelli* *Widowitz*

diphtherial paralysis Which see

endocarditis See *Osler's sign*

erythema nodosum rheumatica Which see

exanthematous fevers of childhood Which see

German measles Which see

incubation stage of infectious diseases See *Testivin's sign*

liver hydatid disease of See *Kotschi's sign*

malaria See the signs of *Pagniello* and *Pisque*

malaria blackwater fever paroxysmal hemoglobinuria See *Uriolla*.

malaria painful phrenic spot in See *Cornel's sign*

measles Which see

mumps Which see

hypoglossal alternating hemiplegia syndrome (*continued*) of the tongue on the homolateral side In the upper motor neuron type it is characterized by a paralysis of the contra lateral arm and leg See *medulla syndrome* This form of crossed paralysis involves the N 12th cranial (the hypo glossal) which is the motor nerve of the tongue

hypophyseal syndrome Another name sometimes applied to adiposogenital dystrophy or Frohlich s syndrome

hypophysis syndrome Same as *Frohlich s syndrome* which is but another name for adiposogenital dystrophy

hypothenar reflex As the name implies this is a reflex mani fested in the hypothenar area when pressure is made upon the pisiform bone

hypotonia

Stewart Holmes sign The individual under examination rests his elbow upon the table while the examiner holds the patient s wrist Flexion is then attempted by the patient against the resistance of the examiner Upon releasing the wrist flexion occurs but is again arrested by triceps contrac tion Thus far this occurs under normal conditions but in hypotonia flexion of the arm persists without participation of the biceps

hysteria

Brissaud Marie sign Glossolabial hemispasm sometimes seen in this condition

combined plantar sign In hysteria the cortical and spinal plantar reflexes disappear simultaneously

See *Weiss sign*

hysterical anesthesia

Lasegue s sign # 2 This is a sign of functional nervous disease and especially hysteria When hysterical anesthesia of an extremity occurs the patient will be unable to move the affected part when the eyes are closed Upon opening the eyes however and directing attention to the involved extremity volitional movement can be made thus simulating a loss of muscle sense

hysterical hip disease

Putnam s sign In hysteria with apparent disease of the hip this sign consists of a lengthening of the involved li

Intercostal neuralgia

Schepelmann s sign Believed to differentiate plastic pleurisy from intercostal neuralgia In plastic pleurisy pain becomes greater when the patient s thorax is bent towards the sound side whereas in intercostal neuralgia pain is increased by thoracic deflection to the affected side

Interscapular reflex Sometimes referred to as the *scapular reflex* This consists of scapular muscle contraction when a sudden tap or other stimulus is practiced between the scapulas

Intestinal inflammation

Rosenbach s sign # 1 The absence of the abdominal reflex in this condition.

Intestinal obstruction

Bouveret s sign In obstruction of large intestine Distention of the cecum and the right iliac fossa

Mathelu s sign In complete intestinal obstruction a splashing sound may be heard on sharp and repeated percussion in the area about the navel

Schlange s sign This consists of absence of peristalsis below and dilation of the bowel above the site of obstruction Sometimes called Schlunge s sign

Wahl s # 1 Which see

Intestinal perforation

Federici s sign In this condition when gas is present in the peritoneal cavity the heart sounds can be plainly heard upon auscultation of the abdomen

Intestinal perforation in typhoid fever

Brown s dipping crackle sign When the bell of a stethoscope is suddenly dipped into the right iliac fossa a fine crackling sound may be heard

Intestinal reflex See *myenteric reflex*

Intraabdominal inflammation For details refer to *Mortola s sign*

Intraabdominal lesions

Brown s gravitation sign In some intraabdominal lesions an area of tenderness may develop in the lower abdomen This is first carefully outlined then the patient is turned on the unaffected side After a period of 15 to 0 minutes if the tenderness and rigidity have shifted more or less or become more exaggerated this indicates the need for prompt surgical interference

Infectious diseases (*continued*)

pneumonia in infants See under *pneumonia*

poliomyelitis See *Morquio s sign*

scarlet fever Which see

scarlet fever and the purpuras See *Rumpel Leede*

skin diseases See *Milian s sign*

typhoid fever Which see

typhoid fever and pneumonia See *Brunati s sign*

typhoid fever and tuberculous meningitis See *Stocker s sign*

yellow fever See *Faget s sign*

Inflammation See under name of type inflammation

Influenza

Shelly s sign A grainlike eruption resembling sago met with on palate and lips in influenza

Infraorbital shadow resulting from maxillary antrum infection

Heryng s sign When pus exists in the antrum electric illumination of the buccal cavity will reveal an infraorbital shadow (Authors Note—*Voltolini s sign is synonymous*)

Infraspinatus reflex This reflex consists of an extension of the elbow with outward rotation of the arm when a sudden sharp tap is made upon an imaginary line upon the scapula bisecting the angle formed by the inner border and spine of the scapula

Inguinal reflex This is known also as *Geigel s reflex* which see

inherited syphilis See *syphilis congenital*

Inotropic arrhythmia See under *arrhythmia*

Insanity

ulnar sign Consists of analgesia in the area of the ulnar nerve of one side Frequently present in the insane excluding general paresis

Intercostal depression

Heim Kreysig sign In adherent pericarditis a depression of the intercostal spaces occurs on the left side during cardiac systole

Intercostal dullness

Sansom s sign # 1 In pericardial effusion there is considerable increase in the transverse area of dullness in the second and third left intercostal spaces

may even result in pulmonary edema in the most acute where the irritation is most pronounced

Irritation sympathetic nervous system

Ruggeri's reflex In this condition as in exophthalmic goiter Ruggeri's reflex or sign consists of increased pulse rate when the eyes are converged strongly upon a near object

Itard Cholewa In otosclerosis anesthesia of the tympanic membrane

Intraabdominal malignancy or retrosternal tumor

Troisier's sign Consists of lymph gland enlargement above the clavicle (Authors Note—This is sometimes referred to as Virchow's gland because described by Rudolph Virchow in 1867)

Intracapsular fracture

Langoria's sign In intracapsular fracture of the femur there exists a relaxation of the extensor muscles of the thigh

Intracranial pressure

Duckworth's sign Shallow respiration or even apparently total cessation of respiration may precede cessation of the heart beat several hours in any condition causing marked intra cranial pressure

Intracranial tension

MacEwen's sign In increased intracranial tension as in internal hydrocephalus and in children with tuberculous menin gitis a short high pitched almost tympanitic note is produced by percussion over the parietal eminence when the stethoscope is placed over the frontal area The note becomes progressively less intense as the percussing finger moves toward the position of the stethoscope It may rarely be present in cerebral abscess

Intrathoracic tumors

Sterles sign In tumors within the thorax this sign consists of a marked pulsation over the cardiac area

Intussusception

Dance's sign In intussusception the depression often seen in the right iliac region

Inverted radial reflex This is said to indicate pathology of the fifth cervical segment of the spinal cord When the lower end of the radius is tapped by a percussion hammer the reflex con sists of finger flexion the forearm remaining quiescent For comparison *see radial reflex*

Iris contraction reflex This is the pupillary contraction indi cated by exposure to light It is absent in basal meningitis

Irritant vapors reflex The so called *pneocardiac reflex* which see Under this caption too may be included the effect of irritant vapors on the respiratory rate and rhythm the so called *pneopneic reflex* associated with more or less cough reflex in the milder types and with bronchial secretion which

Jadelot (*continued*)
states They are also called Jadelot s furrows or traits They are as follows

1 *Genal line*—which extends from the nasal line adjacent to the mouth and extends toward the malar bone

2 *Nasal line*—from the ala of the nose in a semicircular manner around the mouth

3 *Labial line*—from the angle of the mouth outward and believed to indicate pulmonary disease

4 *Oculo ygomatic or ocular line*—from the inner canthus toward the zygoma and believed to indicate some morbid state of the nervous system

Jaw jerk reflex This is quite similar to *Chvostek s sign* although a more pronounced phenomenon Instead of a mere facial spasm it is characterized by a clonic contraction of the muscles of mastication and of the inferior maxilla. The reflex is elicited by striking the relaxed and dependent jaw with a percussion hammer the mouth being open It is likely to be met with in multiple sclerosis when involvement of the upper motor neuron exists

Jellinek In hyperthyroidism the brownish pigment which often develops in the skin in various situations

Jendrassik s sign A variant of Stellwag s sign and is confined to paralysis of one or more of the external ocular muscles

Joffroy s reflex The reflex occurs in spastic paralysis and consists of a twitching of the gluteal muscles when pressure is made against the nates

Joffroy s signs

1 In exophthalmic goiter the forehead fails to wrinkle when the patient abruptly turns his eyes in an upward direction

2 Dementia paralytica In the early stage disorder in the mental faculties may be manifested by failure to perform simple arithmetical sums

Johnson In early pregnancy the change of color of the uterine cervix from violet or purple to pink with change of consistence of the cervix from hard to soft

Jorissenne In pregnancy the rate of the pulse may not be accelerated in changing from horizontal to erect posture

Josseraud In acute pericarditis a loud metallic sound heard on auscultation over the pulmonic area.

J

Jaccoud In leukemia the aortic arch may cause a prominence in the suprasternal notch

Jackson Chevalier

1 In certain cardiac failures a discrepancy between the heart beat and the rate of the pulse (Authors Note—Pulse deficit as is seen in auricular fibrillation)

2 In tuberculosis prolongation of the expiratory element particularly over the affected part of the lung

3 In foreign body in the trachea or bronchus when the ear is placed close to the mouth of the patient a wheezing sound is heard which has been called the "asthmatoid wheeze"

Jackson s syndrome This is one of several bulbar syndromes The lesion is a medullary one involving the 10th 11th and 12th cranial nerves Characterized by paralysis of soft palate and vocal cord paralysis of sternocleidomastoid and trapezius muscles and paralysis and hematrophy of the tongue all on the side of the lesion For other bulbar syndromes see *Avellis Babinski Nageotte Dejerine # 2 Schmidt* and *Tapia*

Jacobson s reflex This reflex is elicited by a quick stroke of the percussion hammer on the lower edge of the extensor face of the radius It is produced when cerebral spastic paralysis of the upper extremities exists The examiner rests the patient s forearm upon his hand with the patient s fingers a little extended the thumb pointing upward When reflex flexion of the fingers results it is indicative of a spastic paralysis

Jacquemier Pregnancy After fourth week a violet colored spot develops on mucosa of vagina below orifice of urethra

Jacquet s syndrome This consists of alopecia connected with anomalies of the teeth The hair loss may be partial or complete and is attributed to the lack of normal development Partial or complete absence of the teeth or nails and other tegumentary defects may be present Heredity is the only known etiologic factor It occurs more often in the male in a ratio of 2 to 1 according to Richard L. Sutton

Jadelot These are various lines occurring in the faces of young children especially and believed to indicate certain diseased

K

Kanavel In tendon sheath infection of the hand, a point of maximum tenderness develops in the palm one inch below the base of the little finger

Kanter s sign A diagnostic sign for viability of the fetus Aaron E Kanter of Chicago has for several years employed rectal or vaginal examination of the pregnant woman beyond the period at which viability of the fetus is expected Gentle pressure upon the head of the fetus normally stimulates vigorous and prompt fetal movements Active fetal movements are induced in the living child The failure of response is almost certain evidence of fetal death. It may serve too as a differential *sign between face and breech presentation because of the* failure of the fetus to respond to pressure when the presenting part is a breech

Kantor s sign This is a roentgenologic sign and not pathognomonic but when present quite characteristic and strongly suggestive of colitis or of a terminal regional ileitis It is called the string sign and consists of a thin and somewhat irregular linear shadow extending from the last visualized loop of bowel through the entire extent of the filling defect ending at the ileocecal valve in the case of regional ileitis and in the colon usually the descending colon when that is spastic It represents a thinned out barium strand in the contracted bowel lumen Weber has also described this under the term twisted cord appearance

Karplus In cases of pleural effusion vocal resonance is so modified that when the patient utters the vowel u it is heard by the examiner as a upon auscultation over the effusion

Karroo syndrome This is characterized by high fever alimentary tract disturbance and tenderness in the lymph glands of the neck. Named after the Karroo Region of South Africa where particularly the youth among the Boers have been affected

Kashida Tetany The sign consists in the development of hyperesthesia and muscle spasms following the application of heat or cold This sign is also referred to as the thermic sign of tetany

jugular foramen syndrome Same as *Vernet s syndrome q v*

jugular sign See *Queckenstedt*

Jurgensen In acute pneumonic phthisis a fine crepitation due to pleural tubercles may be heard on auscultation

Juster s reflex This reflex consists of finger extension instead of flexion when the palm of the hand is irritated or stimulated

kidney diseases

floating kidney See *Guyon s sign*
hydronephrosis See *flush tank sign*
renal calculus See *Lloyd s sign*
sclerotic kidneys See *Fodéré's sign*

kidney floating

Guyon s sign The sign consists of ballottement which may be obtained by bimanual palpation (Authors Note—This implies a completely ptosed and freely movable kidney)

kidney sclerotic

Fodéré s sign This sign consists of swollen puffy edematous lower eyelids met with in patients with retention of chlorides and urea Essentially an evidence of sclerotic kidneys

kidney stone or calculus of upper third of ureter Under such a condition a renorenal reflex may rarely develop This consists of pain on the opposite sound side or total anuria

kink sign

Mendel s sign When kink of the ilium exists it may be suspected when tenderness is found on a line joining the umbilicus and the center of Poupart s ligament (Authors Note—The gastric area is represented in the midline of the epigastric region from xiphoid to umbilicus and from cardia to pylorus Acute and subacute lesions therefore are represented in the area named and from above downward according to the site of the lesion This afferent efferent arc or the components of this afferent efferent reflex arc are the sympathetic and the sensory motor tracts respectively Hence gastric lesions have a higher representation than duodenal The sign consists of hyperesthesia tenderness and exalted tension in the most acute cases and more or less tenderness and tension especially on pinching the tissue constituting the midline in the subacute cases The duodenal ulcer is represented in the midline from the navel upwards to an inch and a half above and gastric ulcer still higher in the midline depending upon the site of the ulcer In long standing ulcer cases the sign fails b cause of exhaustion of the reflex arc)

Kisch s reflex When the external auditory meatus or the deeper portions of the canal up to the tympanum are stimulated by heat or by some tactile irritant as a feather the reflex consists in a closure of the eye particularly of the same side

Keen In Pott s fracture of the fibula the increase in the diameter of the leg at the site of the malleoli

Kehr In rupture of the spleen severe pain in the left shoulder develops in some cases

Kellock In pleurisy with effusion an increase in the vibration of the ribs may be imparted to the hand upon sharp percussion over the effusion with the right hand while the left hand is held firmly on the thorax below the mammary area Pitfield's sign is a modification of this

Kernig

1 In meningitis when the patient is supine the legs can be completely extended When however the thigh is flexed at an angle of 90 or less with the abdomen the leg cannot be completely extended nor can it be extended when the patient is in a sitting posture

2 Hypertonia as applied to muscles in a state of exalted tone or tension

Kerr s sign Spinal cord lesions In 1930 Kerr of San Francisco noted in a patient with a somatic sensory level due to a probable cord tremor that a change in skin texture could be readily felt The skin was normal above the sensory level, being smooth soft and pliable and easily lifted between the thumb and forefingers Below the level the skin gave the impression of being stiff hidebound dry and more or less adherent so that it resisted being pinched Sometimes this change was abrupt and in others extended over one or two segments The author has found this sign of value in both intramedullary and extramedullary tremors diffuse arachnoiditis transverse myelitis (either degenerative or inflammatory) and in fracture of the spine

kidney calculus or inflammation of

Riesman s sign # 3 Ulnar percussion Applying percussion with the ulnar side of the hand the patient takes a deep breath and holds it Suddenly a blow of moderate force is made quickly over the upper portion of the right rectus muscle In the presence of disease of the gallbladder a sharp pain will be elicited Comparison may be made with the opposite side Sensitiveness over the kidneys is determined by a similar force applied over the loin at right angles to the long axis A calculus or inflammation in or about the kidney may be revealed.

See *Murphy s kidney sign*

knee jerk reflex (*continued*)
ligament is quickly struck by a percussion hammer It cannot be obtained when the legs are held in a tense position Relaxation is necessary with the legs dependent at right angles to the thighs or one leg crossed over the other or with the leg supported and suspended by the examiner The essential center is that portion of the cord between the second and fourth lumbar segments This reflex and the ankle jerk are spoken of as the deep reflexes or ' fractionated stretch reflexes and the knee jerk response may be accepted as an index of tone of the quadriceps muscle

Kocher s reflex This reflex consists of more or less marked contraction of the abdominal muscles when the testicle is moderately squeezed or compressed

Kocher s sign In exophthalmic goiter when the examiner places his hand on a level with the patient s eyes and then raises the hand the upper eyelid of the patient moves up more quickly than does the eyeball

Konig syndrome This consists of constipation alternating with diarrhea abdominal pain meteorism and borborygmi in the right iliac fossa This syndrome has been described in connection with tuberculosis of the cecum but it may also occur during the early stages of typhoid fever in an unusually mobile cecum or when for any reason the cecum is distended

Koplik In measles in the prodromal stage prior to the development of the cutaneous eruption small dark red macules surrounded by a whitish zone appear on the buccal mucosa and the inner side of the lips They promptly fade when the cutaneous eruption develops These are known as Koplik s spots

Koranyi s sign of pleural effusion Weiler considers *Koranyi s sign* (hypophonesis of the dorsal segment on direct percussion of the apophysis of the dorsal vertebrae) of diagnostic value in pleural effusion The mechanism of the sign is explained by the interposition of the pleura filled with liquid between the lateral and ventral aspects of the vertebrae and the lung The sign may also be present without pleural effusion in bilateral hepatization of that portion of the lung adjacent to the dorsal vertebrae and in intrathoracic tumors when they are in contact with the lateral and ventral aspects of the dorsal vertebrae To differentiate the presence of pleural effusion

Klemm s air cushion See under *appendicitis*

Klippel Feil syndrome This is characterized by limitation of the head movements short neck with the head apparently re ting upon the trunk and growth of hair low down on the neck in suboccipital Pott s disease

The typical Klippel Feil syndrome is due to a numerical reduction of the cervical vertebrae With this may be asso ciated a spina bifida anterior or posterior scoliosis dispro portion of the length of arms and trunk and low placement of the ears It is found in association with congenital anomalies of the cervical spine

Klippel Weil In pyramidal tract disease when the contracted fingers of the patient are quickly extended by the examiner flexion and adduction of the patient s thumb ensues

Klumpke Dejerine syndrome This is essentially a combination of Klumpke s lower arm palsy and Dejerine s radiculitis or root zone syndrome # ↓ The *Klumpke Dejerine syndrome* results from l sions in the root zones of the seventh and eighth cervical nerves and first dorsal A luetic meningeal myelitis trauma a spinal and meningeal new growth a local hemor rhage or Pott s disease may be the causative fa tors

The syndrome is characterized by atrophic paralysis of the thenar and hypothenar eminences and the interos eous muscles Inability to extend the forearm hyperesthesia or anesthesia along the inner side of the hand and forearm and when the sympathetic fibers are involved Horner s syndrome may result When the radicular phenomena are prominent as in inflam matory lesions there will be more or less sensory disturban e even severe pain and progressive motor paralysis

knee jerk reflex This is sometimes spoken of as *Westphal s sign* the *patella reflex* or the *quadriceps reflex* In a majority of normal individuals it is present though in varying degree but may be absent even in health. Under normal conditions the degree of hyperactivity is directly related to the activity of the nervous system or inversely as the degree of inhibition It is greatly increased in disseminated and lateral sclerosis and is ab ent in posterior column disease as tabes There are other disea es of brain and cord which may exalt or depress or abolish this reflex It consists of an involuntary jerk of the l g due to sudden spasm of the quadriceps when the patella

Kristiansen s syndrome (*continued*)
the course as revealed by dissociated lo s of sensibility spon tane us pain and hyperpathia (tactile sensation more or less painful) Diplopia epileptiform convul ions hemiballism (more or less violent jerking and twitching muscular move ments) over a long time Unilateral phenomena may occur for some years finally becoming bilateral Behavioristic changes may slowly take place from taciturn morose to gay and voluble Bulbar symptoms terminate the scene When unilateral the hemisyndrome is due to a neopla m or hemor rhage into the rostral part of the brain stem When bilateral the syndrome is likely to be more pronounced on one side and may be due to a more extensive hemorrhage or growth or to a cavernous hemangioma.

Kugelmass sign An early sign of latent allergy in infants Retro auricular intertrigo is a rather constant finding of latent allergy in infants The typical lesion is an erythematous linear area with a glazed appearance It is pronounced beneath the lobe of the ear and is more striking beneath the left than beneath the right ear The correlation between this sign and the development of allergy is sufficiently high to call atten tion to it as an aid in the early diagnosis of hypersensitive ness in infancy

Kussmaul

1 In disease of the stomach especially in retention for any reason the sign consists of convulsions and coma result ing from absorption of toxins

2 In mediastinal tumors and in mediastinal pericard tis the excessive fullness of the jugular veins on inspiration

3 In diabetic acidosis the coma and air hunger The characteristic of the dyspnea or air hunger is that the respira tory excursions are extremely deep but not necessarily in creased in frequency Hence hyperpnea

4 Paradoxical pulse of Kussmaul In adherent peri ard itis the weakening of the pulse during inspiration

Kuster In dermoids of the ovary a more or less cystic swelling in the median line in front of the uterus

Koranyi s sign of pleural effusion *(continued)* from that of either intrathoracic tumors or bilateral hepa iza tion of the lung the author has determined the hypophonesis of the dorsal segment during the changes of position of the patient The upper limit of the hypophonesis is verifed by means of the direct percussion of the dorsal apophysis and then marked first with the patient standing or sitting down and then with the patient in abdominal decubitus In ca es of pleural effusion the upper limits of the vertebral hypophonesis descends one two or more interspinous spaces The author calls the sign descent of the vertebral hypophonesis ' Its mechanism is explained by the mobili ation of the intrapleural liquid leaving the pleura between the lung an l the dorsal and ventral aspects of the vertebrae more or less empty during abdominal decubitus When the pleural effusion is not great and there is no hepatization of the lung the vertebral column recovers its normal resonance along its whole length (positive hypophonetic disappearan e) The absence of modifications of the verteb al resonance during the changes of position of the patient (negative hypophonetic descent) indicates an absence of pleural effusion The sign is not equivalent to Grocco s tri angular area an l frequently shows itself without the existence of such an area Koranyi s sign is sometimes onfused with Grocco s sign The above description of Weiler represents an abstract which appeared in the Journ Am, Med A sn

Korsakoff s syndrome This occurs in chronic alcoholism and is characterized by a psychosis with a polyneuritis disorienta tion, muttering delirium insomnia illusions and hal ucina tions painful extremities (the entire legs especially) rarely a bilateral wrist drop more frequently bilateral foot drop with pain or pressure over the long nerves

Kreysig Also known as the *Heim Kreysig sign* which see It is a sign present in adherent pericarditis

Krisowski In congenital syphilis the superficial cicatricial lines radiating from the mouth An expression of previously exist ing rhagades

Kristiansen s syndrome This is a slowly progressive c ndition often extending over a period of years terminating in bu bar symptoms due to a peduncular brain stem lesion with or with out preceding migraine for a long time Hemianopsia gra lu ally develops The lesion is in the dorsorostral part of the brain stem and the thalamus is likely to be involve l early in

Landin (*continued*)
surface and to the examining finger gives the impression of fluctuation This area increases in size with the advance of pregnancy

Landolfi In aortic regurgitation the pupil may contract in systole and dilate in diastole (Authors Note—A similar phenomenon may be seen in some cases of Cheyne Stokes respiration This must not be mistaken for hippus)

Landou In abdominal ascites in the female even though slight the uterus cannot be palpated bimanually (Authors Note—It must not be forgotten that excess adipose offers a similar impediment)

Landry s syndrome Characterized by rapidly progressive flaccid paralysis beginning usually in the legs and spreading upward to the trunk and upper limbs and finally affecting the respiratory centers It is also known as the *acute ascending paralysis syndrome* and is probably the result of a virus infection

Langley Sherrington sign This sign has been described at length as Hassin s sign Dr George B Hassin has described the ear phenomenon in lesions of the sympathetic nerve the result of posterior inferior cerebellar artery occlusion Magnanimously he suggests that it be called the Langley Sherrington sign because of the earlier experimental work with monkeys done by Langley and Sherrington For details refer to *Hassin s sign*

Langoria In intracapsular fracture of the femur there exists a relaxation of the extensor muscles of the thigh

Lannois syndrome Is characterized by the gigantism which results from a lesion of the pituitary which occurs before ossification of the epiphyseal cartilages takes place The syndrome consists of extremely rapid skeletal growth beginning at about the time of puberty headache often tubular vision and neighborhood pressure phenomena with more or less inferior mental capacity A fairly large proportion of the victims of gigantism are acromegalic

Lanz s point See under *appendicitis*

Larcher This is a sign of death and consists of a cloudiness of the conjunctiva a grayish discoloration which tends to become darker (Authors Note—The widely dilated pupil in the absence of synechiae and the absolute softness and yielding character of the eyeball should also be borne in mind)

L

Laborde This sign is synonymous with *Cloquet s needle sign* of death (Jean Baptiste Vincent Laborde a French physician 1830 1903)

labyrinthine disease

***Barany s sign* # 2** When disease of the labyrinth exists nystagmus does not occur when hot or cold irrigations are made into the external auditory canal. Under normal conditions a rotary nystagmus develops toward the irrigat d ear when water not exceeding 120 F is used When cold water is employed rotary nystagmus develops away from the side irrigated

lacrimal reflex When the corneal conjunctiva is irritated more or less secretion of fluid results a form of epiphora though necessarily nonobstructive

Laennec In bronchial asthmatic sputum the so called *Laennec s pearls* consisting of small round gelatinous masses (Rene Theophile Hyacinthe Laennec French physician 1,21 1896 Invented the stethoscope in 1819 and is spoken of as the Father of Auscultation Described atrophic cirrhosis named after him He also described the crackling râle heard at the end of inspiration in the early period of lobar pneumonia. These have been called the crepitant râles of Laennec)

Lafora In cerebrospinal meningitis picking of the nose is regarded as an early sign

lancinating pain in the leg Such pain may occur in incarcerated obturator hernia locomotor ataxia and occasionally in cerebrospinal syphilis In the hernia cases this sign is called the Romberg Howship sign and a differential diagnosis implies a search for collateral evidences of syphilis in the specific cases and the practically universal presence of the lancinating pains in an incarcerated obturator hernia

Landin In pregnancy digital examination will reveal a circular elastic area just above the junction of the cervix with the body of the uterus It is located in the median line of the anterior

resulting from involvement of the lateral portion of the cord and al o of the anterior horns This syndrome varies with the site of the lesion

Laubry C Routier D Vanbogaert A. sign These authors have described two signs occurring in auricular tachycardia which they believe will permit the making of a clinical diag nosis These signs are 1 Anisorhythymia or inequality of the pulse 2 The development of a third sound in diastole al ternating type or the aperiodic or irregular type The three sounds are composed of two normal sounds to which is added a third dull sound and this may be quite variable in time in relation to the two sounds

Laubry Soulié Heim de Balsac syndrome See *phrenogastric syndrome of coronary disease*

laughter reflex As a reflex manifestation in proportion to the sensitiveness of an individual when uncontrollable laughter results from tickling or even the pretense to tickle It must not be overlooked that emotional states either of crying or both may be a manifestation of cerebral softening and in *brain tumors especially involving the frontal region* emo tional states may be induced May occur in narcolepsy

Laugier In fracture of the lower part of the radius the styloid process of the radius and ulna come to occupy the same level

Laurence Biedl syndrome This is characterized by adiposogeni tal dystrophy polydactylism mental retardation and retinitis pigmentosa This condition is known also as hypophyseal dwarfism or infantilism and by Gilford as ateliosis It is essentially Frohlich s syndrome which Bartels named dys trophia adiposogenitalis but in addition there is the familial tendency the pigmentary degeneration of the retina poly dactylism and mental deficiency Whether the hypopituitarism involves only the anterior portion of the gland or an insuf ficiency of the entire gland is still undetermined but the general opinion is that it is a form of hypopituitarism Froh lich Laurence Moon Biedl Bartels Cohen and Weiss have added significantly to the general somatic criteria of the con dition

Laurence Moon Biedl syndrome Same as *Lauren e Biedl syn drome* which see

large bowel obstruction of

Bouveret s sign The distention of the cecum and fullness of the right iliac fossa in this condition

laryngeal reflex When the fauces or larynx are irritated in any way, a reflex cough results

Lasegue

1 In sciatica called sciatic neuralgia flexing the leg at the knee and the thigh upon the abdomen is not painful and hence differentiates sciatica from disease of the hip joint Passive extension of the leg however results in pain along the course of the nerve hence complete extension of the leg is rarely ever possible A second method of using this sign is to have the patient attempt to touch the floor with the fingers while the knees are held in extension Under these conditions the knee on the affected side will be flexed the heel slightly elevated and the body elevated more or less to the painful side Another method is to have the patient in a sitting position attempt to extend the legs Pain on the affected side limits extension at the knee It has been said by Carlill that when Lasegue s sign is positive the pupil will dilate blood pressure rise and the pulse become more rapid The e phenomena are not present in the malingerer or psychoneurotic individual

2 This is a sign of functional nervous disease and especially hysteria When hysterical anesthesia of an extremity occurs the patient will be unable to move the affected part when the eyes are closed Upon opening the eyes however and directing attention to the involved extremity volitional movement can be made thus simulating a loss of muscle sense

Lasegue s syndrome This occurs in hysteria and rarely in other highly emotional states more frequently in women and is characterized by anesthesia of an extremity and this extremity cannot be moved when the eyes are closed When the patient s eyes are opened the functionally impaired extremity can be moved if the part is within range of vision

lateral column disease and disseminated sclerosis Proprioceptive response is increased in these conditions See *bone reflex*

lateral column disease or cerebral inhibition See *biceps reflex*

lateral cord and associated anterior cornual syndrome This is a descriptive term which connotes a spastic muscular atrophy

Lennhoff In echinococcus cystic disease of the liver this condi tion is to be suspected when a furrow appears on deep inspira tion below the costal margin and above the position of the cy t

lenticular capsular degeneration reflex Also called *senile reflex* When this degeneration has occurred to any extent the pupil assumes a grayish tint under reflected light

Leotta s sign This sign is elicited by placing the hand on the upper right abdominal quadrant at the same time pressing downward with the fingers If adhesions exist between the colon and the gallbladder or the liver this downward pull on the colon causes more or le s pain Pain is increased if the patient exhales forcibly during the traction because the dia phragm rises during exhalation thus displacing the liver and the gallbladder upwards In order to determine the possible existence of adhesions between the parietal peritoneum and asc nding colon traction and pressure are made transversely from the lateral abdominal toward the median line and also from the median abdominal line outwards This sign may be pre ent in cholecystitis and in peptic ulcer gastric or du denal The direction of stretching and pressure necessary to elicit pain may be a means of suggesting the site of adhesions

leptomeningitis acute cerebral

Brudzinski s sign # 2 In acute cerebral leptomeningitis the so called neck phenomenon occurs Flexion of the lower extremiti s at hip and knee is induced when the patient s head is bent forward

Leredde s syndrome This has been ascribed as a relatively late sequel of congenital syphilis The syndrome is characterized by a progressive hypertrophic emphysema severe effort dysp nea, which develops in early childhood and recurrent attacks of bronchitis with fever

Leri This sign is also known as the forearm sign In hemiplegia passive flexion of the hand and wrist on the involved side reveals more or less failure of normal flexion at the elbow joint

Lermoyez s syndrome This consists of the double reaction whereby an attack of dizziness accompanies increasing deaf n ss and a lessening of the deafness follows the spell This may occur in disease of the labyrinth in Meniere s disease and even in vasomotor swelling of the nasal mucosa with result ing disturbance of paranasal sinus pressure

left auricle aneurysm of For details refer to *Broadbent s inverted sign* of aneurysm of the left auricle

leg cramps

Unschuld s sign A sign indicative of incipient diabetes consisting of cramps in the calves of the legs (Authors Note—Cramps in th legs may occur in peripheral neuritis from any cause and they are not uncommon in those having varicose veins In Ireland and occasionally among the English where excessive amounts of tea are consumed cramps in the legs are said to be a manifestation of this habit They may also be a manifestation of intermittent claudication, of Buerger's disease of senile vas ular degeneration and of tabes dorsalis It must not b forgotten too that deformities of the feet, food deficiency especially vitamin B_1 and nutritional edema in extreme cases may invite cramplike pains in the lower extremities)

leg lancinating pains in

Romberg Howship sign Characteristic of incarcerated obturator hernia. Should be differentiated from the leg pains of locomotor ataxia or more rarely those of cerebrospinal syphilis by a diligent search for collateral evidences of syphilis from a differential diagnostic standpoint

leg phenomenon

Schlesinger s sign This occurs in any form of tetany The sign consists of an extensor spa m at the kn e joint with marked supination of the foot induced by holding the patient s leg at the kn e joint and at the same time flexing the thigh at the hip Refer also to *Pool s sign* and *Neri s sign*

leg sign This is also spoken of as Pool s phenomenon the leg phenom non and embraces both S hlesinger's leg sign in tetany and the leg sign of Neri in organic hemiplegia See *Pool* and *Neri* for description in full

Legendre In facial palsy the greater re istance on the unaffected side as compared with the paralyzed side when the examiner attempts to raise the closed eyelids

Leichtenstern In cerebrospinal meningitis tapping a bone of the extremities reveals evidences of increased irritability as shown by the wincing on the part of the patient

Levasseur This is a sign of death and is characterized by failure to draw blood either by scarification or the cupping glass

Levi s syndrome This is a form of hyperthyroidism in which symptomatic paroxysms occur alternating with quiescent pe riods

Lhermitte and McAlpine syndrome This syndrome results from combined disease of the pyramidal and extrapyramidal tracts The syndrome consists of a combination of phenomena such as are seen in pseudobulbar paralysis on the one hand and paralysis agitans on the other

In 19?1 Lhermitte Cornil and Quesnel described a syndrome due to progressive pyramidopallidal degeneration The striking features of this syndrome are (1) Gradual onset and slow progression without sudden vascular accidents such as do fre quently initiate pseudobulbar palsy (2) dysarthria even aphonia dysphagia and involuntary laughing and crying (3) marked muscular hypertonus exceeding that of the average case of pseudobulbar palsy muscles determining posture are chiefly involved (4) the hand posture is similar to that of paralysis agitans no special characteristics of lower limb posture (5) good mu ular power but bradykinesia is present

In the more recent *Lhermitte and McAlpine syndrome* due to pyramidal and extrapyramidal lesions the syndrome con sisted of rigidity with akinesia choreiform movements weak ness in the legs with spastic paresis and later a paralysis agitans without tremor and without involvement of the facial muscles dysarthria involuntary choreiform movements espe cially in the face pharynx and larynx and in the hand opposite to the site of the lesion These were due to degenera tion in the corpus striatum especially in the putamen and degeneration of both pyramidal tracts

Lian s sign So called hydatid echo sign For details see *echo sign*

Libman Sachs syndrome This is characterized by cutaneous lesions dentical with those of lupus erythematosus It is beli ved to be of toxic origin and is met with in young people especially in women who manifest a persistent fever of septic type progressive anemia erythematous and purpuric cuta n ous eruptions Leukopenia is usually present blood cultures are negative Associated with it occurs a verrucous endo

Leschke's syndrome This is characterized by hyperglycemia numerous brownish spots on the skin and general weakness This syndrome may be an early manifestation of Bronze diabetes hemachromatosis with diabetes or the dermatosis may be xanthomatous in which case the condition is known as xanthoma diabeticorum

Leser Trélat Carcinoma may be suspected when warts pigmented foci and senile angiomata are present on the skin

Lesieur In typhoid fever the impairment of resonance on percussion over the right lower thorax posteriorly (Authors Note—In any long continued fever or in any condition in which the right heart fails, a similar impairment on percussion is to be found at the base of the right chest posteriorly It must not be forgotten that when the liver is enlarged dullness will exist at the right base but this dullness will then extend to the left of the midspinal line as mentioned under *Grocco's sign # 3*

Lesieur Privey In pulmonary inflammation the condition may be suspected when a positive reaction for albumin is found in the sputum This is known as the albumino reaction.

lesions

Brown Sequard's sign Lesions involving one half of the spinal cord cause motor paralysis on the same side and loss of sensation on the opposite side of the lesion, the distribution being governed by the site of the lesion

lesions intraabdominal inflammatory For details refer to *Mortola's sign*

lesion syphilitic skin

Elliot's sign # 1 Induration of the margins of a syphilitic skin lesion

Fournier's sign # 1 In syphilitic skin lesions the characteristic is sharp delimitation

Leudet This sign known also as the *bruit de Leudet* occurs in catarrhal and nervous disorders of the ear It is characterized by a fine crackling sound in the ear which may be heard both by the patient and the examiner

leukemia

Jaccoud's sign In leukemia the aortic arch may cause a prominence in the suprasternal notch

light reflex (continued)

2 A retinoscopic image consisting of a round light area reflected from the retina when the retinoscope is employed

Lindau's syndrome This consists of a rare form of tumor found in children and young adults Its occurrence may be congenital and sometimes familial There is an angiomatous cystic mass both in the retina — usually in one eye — and in the cerebellum or the fourth ventricle The ocular lesion is usually white elevated and well delimited and is seen far to the periphery of the fundus A greatly enlarged artery and vein run to it from the disk The lesion may be the site of degenerative changes In later life the lesion in the brain becomes large enough to cause symptoms and requires surgical intervention Knowledge of the previous eye condition makes the diagnosis quite definite and suggests a midline cerebellar exposure

lip reflex When the angle of the mouth of a sleeping infant is suddenly and lightly tapped a reflex movement of the lips ensues This is also referred to as the *mouth phenomenon*

lip sign

Theimich's sign This consists of a pouting of the lips when the orbicularis muscle is firmly tapped or palpated

lipomata

orange peel sign A sign employed in the recognition of lipomas When such a tumor is compressed between the thumb and finger the overlying skin becomes irregularly dimpled by the downward traction of the fibrous vertical trabeculae

Litten's diaphragm phenomenon This is noted when a person in health is lying supine with the feet toward the window cross lights being excluded Under these conditions a narrow shadow may be observed during full inspiration descending between the sixth and ninth ribs It is the result of separation of diaphragmatic from costal pleura and the falling inward of the tissue in the intercostal spaces during the inspiratory descent of the diaphragm. It is manifest therefore that this shadow will be absent in lobar pneumonia at the right base rightsided pleural effusions or old adhesions but is uninfluenced by hepatic enlargement or subphrenic abscess

liver cirrhosis of

Chvostek's sign Star shaped cutaneous telangiectases Eppinger was the first to call attention to these peculiar star

Libman Sachs syndrome (*continued*) carditis sometimes a pericarditis and a glomerulonephritis O Leary believes that the Libman Sachs syndrome and acute lupus erythematosus are merely variants of the same condition Stokes is of the ame opinion Others believe this condition should be placed with the erythema group of Osler

Lichtheim This is a sign of subcortical aphasia and is also known as the Proust Lichtheim test In subcortical motor aphasia (aphemia anarthria) the patient will be able to exercise memory pictures of speech but cannot articulate words. He understands when spoken to is able to write and can read *to himself This form of motor* aphasia *is usually part of* a hemiplegia and the Proust Lichtheim test was designed to reveal the character of the aphasia and consists in having the patient indicate by pressure of the hand of the examiner the number of letters in a word or the number of syllables

Lichtheim syndrome This name is applied to subacute combined degeneration or sclerosis of the spinal cord and is characterized by a progressive course absence of ocular symptoms deep reflexes generally absent loss of sensation vibratory sense sense of position presence of paresthesias and loss of sphincter control in the late stages

lid reflex This is a synonym of the so called *corneal reflex*

ligation

Magnus sign This is a sign of death If a finger be lightly ligated post mortem no apparent change occurs in the distal portion

ligature sign In the hemorrhagic diatheses as in the purpuras in scarlet fever and sometimes in hematuria ecchymoses will develop in a limb distal to the position to which a ligature has been applied If a rubber tube or bandage be applied with but moderate firmness to the upper arm for a period of some minutes a positive sign results in the development of the ecchymoses This is also known as the *Rumpel Leede phenomenon*

light reflex

1 The light reflected from the normal eardrum membrane and especially from that portion known as Shrapnell s *membrane* which is the upper portion of the tympanum named after Henry J Shrapnell English anatomist

liver hydatid disease of the

Rovighi s sign A sensation of fremitus imparted to the palpating or percussing hands in the presence especially of hydatid disease near the surface of the liver

liver kidney syndrome Same as *hepatorenal syndrome liver death syndrome* and *Heyd s syndrome*

liver thrombosis of veins of See *Chiari s syndrome*

Livierato s reflex The end result of this reflex is the same as Abram s reflex and these have been described in detail under the caption *cardiac reflex*

Livierato s sign This consists of the development of vasocon striction due it is believed to irritation of the abdominal sympathetic resulting from a sharp stroke over the anterior abdomen along the xiphoumbilical line

Livingston s sensitive triangle See under *appendicitis*

Lloyd Jordan In renal calculus deep percussion over the loin of the affected side will cause pain when pressure is without effect

locomotor ataxia

Abadie s sign Which see

Argyll Robertson sign Which see

Bamberger s # 1 Which see

Bechterew s # 1 and # 2 Which see

Berger s sign Which see

Biernacki s sign Which see

Erb Westphal s sign In locomotor ataxia absence of the patella tendon reflex This also occurs in some cord tumors in which case it may be unilateral and in late peripheral neu ritis involving the lower extremities and in some spinal and cerebral diseases

Frankel s sign Which see

Gower s sign Which see

Romberg s sign This consists of more or less marked sway ing of the body even to actual falling when the patient stands with eyes closed and feet in apposition This also occurs in cases of marked alcoholic neuritis and in spinocerebellar tract disease and in pernicious anemia when the column of Goll and Burdach are diseased

Westphal s sign Which see

liver cirrhosis of Cicovacki s sign *(continued)* shaped vascular dilations They are reddish violet roundish pinhead to pea sized spots which have a certain angioma like elevation from which delicat meandering vessels radiate in all directions Histologically they are greatly dilated capil laries Sites of predilection are the anterior thorax forehead, shoulder forearm and back of the hand Increase in number and size is noted with the progress of the cirrhosis Alcoholism is not necessarily a factor

liver congenital sarcoma of liver and suprarenal gland See *Pepper s syndrome*

liver death syndrome Same as *Heyd s syndrome hepatorenal syndrome liver kidney syndrome*

liver disease of See under *Frank s sign* and *Chiari s syndrome*

liver echinococcus cystic disease of

Lennhoff s sign In echinococcus cystic disease of the liver this condition is to be suspected when a furrow appears on deep inspiration below the costal margin and above the posi tion of the cyst

liver enlarged

Grocco s sign # 3 When the liver is enlarged extension of dullness takes place to the left of the midspinal line

liver and gallbladder diseases

cholecystitis Which see also see *hunger pain syndrome*

cholecystitis and perivisceral adhesions See *Leotta s sign*

cholecystohepatic flexure adhesions See *Verbrycke s syn drome*

cirrhosis See *Banti s syndrome*

cirrhosis chronic alcoholic See *Frank s sign*

cirrhosis hepatic See *Gilbert s sign*

echinococcus cystic disease of liver See *Lennhoff s sign.*

enlarged liver See *Grocco s # 3*

gallbladder disease See the following signs *Cornel s Naunyn s Pelsman s xiphoid*

hydatid disease of liver See *Tough s sign* and *Lenn hoff s sign*

typhoid fever See *Lesieur s sign*

veins hepatic thrombosis of See *Chiari s syndrome*

Lowenburg s sign (*continued*)

The sign consists of a louder and harsher inspiratory sound over the left lung than over the right especially posteriorly He regards the sign as so constant and physiologic in the absence of pulmonary and pleural affections that if normally present in a febrile child middle ear disease pyelitis or other infection must be sought When the sign is absent on the left side it usually means left pleural effusion The diagnosis of fluid in the right side or consolidation in the left lung is made more difficult by this sign (Authors Note—Physical signs in infants and children are more difficult to recognize and interpret than those occurring in adults It would seem advisable for the pediatrician to give close study to the normal infant and child as a prelude to a better interpretation of any possible pathologic state in connection with the chest especially)

Lowy s sign In exophthalmic goiter and often in acute pancreatitis Marked dilation of the pupil results when a drop or two of 1 1000 adrenalin solution is instilled into the conjunctival sac It is indicative of hypersensitivity of the sympathetics

Lucas In early rickets the prominence of the abdomen due to distention

Lucatello In hyperthyroid states the temperature in the axilla is higher than in the mouth by two tenths to three tenths degree

Ludloff In traumatic separation of the epiphysis of the great trochanter the patient is unable to raise the thigh when in a sitting position and swelling and ecchymosis appear at the base of Scarpa s triangle (Authors Note—Scarpa s triangle now termed the trigonum femorale according to the Basle Nomina Anatomica)

lumbago and funicular sciatica Refer to *Demianoff s sign*

lumbar reflex Known also as dorsal or erectorspinae reflex See *dorsal reflex*

lung consolidation

Bamberger s sign # 2 In pericardial effusion the presence of an apparent consolidation of the lung in the region of the angle of the scapula on the left side which disappears when the patient leans well forward or lies prone

Grocco s sign # 1 In consolidation of the lung a paravertebral triangle of dullness frequently develops on the side

Ioculation syndrome Same as *Froin s syndrome* which see

Loewenberg s sign A sign of functional aortic insufficiency In functional aortic insufficiency the systolic pressures in the upper and lower extremities are about equal In organic aortic insufficiency the systolic pressure in the lower extremity is from 50 to 100 mm or more of mercury higher than in the upper extremity It should be recalled that in coarctation of the aorta the systolic pressure is markedly higher in the arm than in the thigh

Lombardi In early pulmonary tuberculosis varicosities of the veins in the region of the spinous processes of the seventh cervical and first three dorsal vertebrae may occur This is also referred to as the varicose zone of warning "

Lorens In incipient tuberculosis rigidity of the spinal column may develop especially involving the vertebrae of the thoracic and lumbar regions

Lotheissen s point See under *appendicitis*

Love s sign Caudal and lumbar needles are inserted into the spinal canal A manometer is attached to the latter needle Ordinarily caudal injection of 1 to 2 cc of 2% procaine hydrochloride causes slight pain which disappears as fluid diffuses Normally too the manometric reading rises on injection If a tumor or protruded disk of sufficient size to obstruct the caudal sac is present no increase in the manometric pressure will occur and the pain of injection also becomes intolerable Love states that the sign has been pathognomonic of a mass encroaching on the domain of one or more caudal roots

Loven s reflex When an afferent nerve of an organ is stimulated vasodilation results with corresponding increase in size of the organ

low back pain in disease Occasionally this is of luetic origin as so well described by Dr J V Klauder and occasionally very troublesome backache may be the result of improper mattress or bedsprings and may also result from faulty longitudinal or transverse arches of the feet This may come on acutely after an attack of tonsillitis or may be of gradual onset in the obese For further details see *Goldthwaite s sign*

Lowenburg s sign In 1910 Dr Harry Lowenburg called attention to a sign occurring normally in infants and children

lymphatic system

adenopathy of exanthemata of childhood See *Vipond s sign*

aprosexia See *Guye s sign*

bronchial glands tuberculosis of See under *glands*

bronchial lymph glands See under *glands*

bronchial lymph node enlargement See *D Espine s sign # 1*

bronchial lymph nodes tuberculosis of See *De La Camp s sign*

bursitis subacromial acute See *Dawbarn s sign*

contralateral reflex See *Brudzinski s # 3*

cheek phenomenon See *Brudzinski s # 4*

chylous ascites See *Strauss sign*

hydropericardium See *Duchenne s sign*

hypertonia See *Kernig s sign # 2*

intracranial tension See *MacEwen s sign*

Litten s diaphragm phenomenon Which see

lymphadenopathy supraclavicular See *Troisier s sign*

mediastinal tumors See *Kussmaul s # 2*

meningeal irritation See *Guilland s sign*

meningitis Which see

metastatic nodes in supraclavicular fossa See *Pancoast s syndrome*

neck phenomenon See *Brudzinski s # 2*

neurolymphogranulomatous syndrome Which see

night cry Which see

paradoxical pulse See *Kussmaul s # 4*

pericardial effusion Which see

pericarditis See *Pins sign*

pericarditis acute See the signs of *Josseraud* and *Warthin*

pericarditis adherent Which see

pericarditis serofibrinous See *Oppolzer s sign*

peritonitis Which see

pleural effusion Which see

pleurisy acute Which see

pleurisy diaphragmatic Which see

pleurisy plastic Which see

pneumonic phthisis acute See *Jurgensen s sign*

lung consolidation Grocco s sign # 1 (*continued*)
opposite the lesion but unlike Grocco s paravertebral triangle in pleural effusion which disappears when the patient lies on the affected side in cases of consolidation the triangle persists

Shibley s sign Also in the presence of free pleural fluid. The spoken vowel sounds conveyed through the stethoscope take on the sound of the broad ah '

lung expansion unilateral diminution

Williams sign # 2 In chronic adhesive pericarditis the sign consists of diminished expansion of the left lung

lung hydatid disease of

Bird s sign A definite area of dullness with absence of respiratory sounds

lungs and pleura acute disease of See *Pottenger s sign*

lungs or pleura See *Louenburg s sign*

lungs or pleura reflex phenomena involving See under *pleura*

lung reflex This is of importance because appreciable changes in percussion dullness may result when the reflex is induced It is really an argument in favor of the performance of super ficial percussion rather than deep over the lung area. The reflex consists of increased expansion of the lung area when continued deep percussion is practiced or when relatively large areas of the skin are irritated

Lust s reflex When the external branch of the sciatic nerve the peroneus communis is struck with a percussion hammer the reflex produces dorsal flexion and abduction of the foot This is best practiced by following the nerve below the bifurcation of the great sciatic especially in an oblique position outwardly along the outer portion of the popliteal space According to Lust this reflex is indicative in spasmophilia and it is there fore sometimes referred to as *Lust s sign or phenomenon*

lymph glands See under *glands*

lymph nodes See under *nodes*

lymphadenopathy supraclavicular

Troisier s sign A sign of intraabdominal malignancy or of retrosternal tumor Consists of lymph gland enlargement above the clavicle particularly on left (Authors Note—This is sometimes referred to as Virchow s gland because described by Rudolph Virchow in 1867)

M

MacEwen In increased intracranial tension as in internal hydro cephalus and in children with tuberculous meningitis a short high pitched almost tympanitic note is produced by percus sion over the parietal eminence when the stethoscope is placed over the frontal area. The note becomes progressively less intense as the percussing finger moves toward the position of the stethoscope It may rarely be present in cerebral abscess

This sign manifestly develops after closure of the fontanel Prior to closure any increase in intracranial pressure causes bulging and tension of the fontanel area.

MacKenzie s syndrome This is characterized by associated paralysis of the tongue soft palate and vocal cords on the same side This is a variant of *Hughlings-Jackson s syndrome* which see

Madelung In purulent peritonitis the rectal temperature is so much higher than the axillary as to constitute a suggestive sign in this condition

Magendie Hertwig See *Hertwig Magendie*

Magnan In cocaine addicts a paresthesia as though foreign bodies were under the skin

Magnus This is a sign of death If a finger be lightly ligated post mortem no apparent change occurs in the distal portion

Mahler In thrombosis the pulse may continue to increase in rate without corresponding elevation of temperature

main artery of a limb aneurysm of

Delbet s sign In aneurysm of the main artery of a limb although pulsation may have disappeared the collateral cir culation suffices if the nutrition of the part distal to the aneurysm is maintained

Maisonneuve In Colle s fracture the marked hyperextensibility of the hand

malar bone depression of

Rockley s sign In this condition a rule or straight edge is placed vertically extending from the external canthus or outer margin of the orbit on each side over the prominen e of the

lymphocytosis in syphilis

Patino Mayer s sign of syphilis Except in febrile and infectious diseases when more than 30 per cent of lymphocytes are obtained in a differential count Mayer deems this suggestive of syphilis especially when the clinical picture is suggestive In primary syphilis it develops about a week after the chancre appears In secondary and congenital syphilis lymphocytosis occurs with or without a positive Wassermann reaction Mayer further regards the lymphocytosis as an index of antisyphilitic treatment at first increasing with treatment but decreasing with successful treatment

lymphogranuloma venereum See *Parinaud s syndrome*

malignancy (*continued*)

metastases of the spine See *Wolfson Pe nick Gunther syndrome*

neurolymphogranulomatosis See *neurolymphogranulomatous syndrome*

pyloric carcinoma See *Tansini s sign*

rectal shelf See the signs of *Blumer* and *Strauss*

retrosternal tumor See *Troisier s sign*

thoracic suprasulcus type See *Pancoast s syndrome*

uterine cervix See *Spiegelberg s sign*

visceral cancer spontaneous thrombosis See *Trousseau s sign # 3*

malignancy of breast See *Rees sign*

malignancy cachexia of

Rommelaere s sign This sign consists of marked reduction in the urine of phosphates and sodium chloride

malignancy laryngeal

Semon s sign In malignant disease of the larynx this sign consists of impaired motility of the vocal cord

malingerers

Mannkopf s sign In genuine painful conditions when pressure is made over the painful area an increase in the pulse rate occurs This is not present in the malingerer (Authors Note—In this connection we have found dilation of the pupil to be a trustworthy sign of any painful stimulus hence one means of disclosing a malingerer)

See *Pobertson s (H F) sign* and *Robertson (W E) sign # 4*

malingerer neurasthenic

Rosenbach s sign # 4 The malingerer and the neurasthenic may have features in common To differentiate it may be of service to recall that in the neurasthenic there is an inability to close the eyes at once when ordered to do so

malingering

malingerers See *Mannkopf s sign*

neurasthenic malingerer See *Rosenbach s # 4*

pupillary phenomenon See *Robertson s # 2*

Malon s syndrome Also known as autoerythrophagocytosis and phagocytic anemia It is characterized by anemia enlargement of the spleen and by leukocytic phagocytosis of the red blood cells

malar bone depression of Rockley s sign *(continued)* malar bone When depression on either side exists the de formity will be plainly evident (Authors' Note—This might be valuable in injuries of the face Not uncommon in aviators after suffering an impact in the forward part of the plane)

malaria

Cornel s sign This sign described by A Pareja Cornel is that of a painful spot in front of the scalenus muscle cor responding to the area of the phrenic nerve which he regards as a diagnostic sign of acute malaria He believes the pain to result from a hepatosplenic syndrome Note in this con nection the acute phrenic pressure point in gallbladder disease

Pagniello s sign This sign is elicited by making pressure between the posterior and midaxillary lines in the left ninth intercostal space intense pain resulting Probably due to perisplenitis

Risquez s sign In this condition free blood pigment may be found in the blood (Authors Note—Except in malignant types of malaria rapidly fatal such a condition would be merely an accidental finding because the free pigment would be taken up rapidly by the leukocytes becoming the so called melaniferous leukocytes)

malaria blackwater fever paroxysmal hemoglobinuria

Uriolla s sign Consisting of melaniferous granules (blood pigment) in the urine of patients with severe malaria (Au thors' Note—Melaniferous pigment is also to be seen in the so called melaniferous leukocytes In blackwater fever or hemorrhagic malarial fever a severe form met with in the tropics or those who have recently returned from the tropics excessive hemolysis may occur and hemoglobinuria may de velop Whether the excessive ingestion of quinine is a factor is still an open question It is to be noted too that extreme cold or excessive fatigue may cause a paroxysmal hemoglo binuria)

malignancy

carcinoma See *Leser Trelat s sign*
carcinoma of the stomach See *Boas sign*
esophageal strictures See *Trimadeau s sign*
gastric carcinoma See *Carman s meniscus sign*
gastric carcinoma and ulcer See *Zugsmith s sign*
intraabdominal See *Troisier s sign*

Marie s syndrome (*continued*)
acterized by paresthesias menstrual arrest enlargement of hanIs feet and face prominent cheek bones prognathism broad face and frequently glyco uria. It is most apt to de velop in the third and fourth decades

Marie Foix When the leg cannot be moved voluntarily the lower leg will be withdrawn when forceful transverse pressure of the tarsus is made or when forced flexion of the toes is practiced This occurs in organic hemiplegia and is one of the synkinesias

Marie Robinson syndrome This is characterized by melancholia, insomnia and impotence in a form of levulosuria This is most commonly met with in pregnant women

Masini In mentally deficient or unstable children marked dorsal extension of the fingers and toes is met with (Authors Note—This is not to be confused with definitely athetoid movements)

masklike sign

Parkinson s sign This is the immobile masklike expression of the postencephalitic with or without paralysis agitans

mass reflex This is a complex reflex phenomenon which may follow an injury to the lower lumbar portion of the spinal cord It is associated with reflex micturition As this function develops at the same time bilateral flexion of the toes occurs with adduction of one or both feet internal rotation and extension of the legs These muscular movements are accom panied by cramplike urethral pain and muscular cramps in the contracted muscles When the patient is able to hold the toes in an extended posit on micturition is postponed but stimulation of the perianal region induces voiding The asso ciated movements result from a sacral reflex

mass reflex Riddoch s See *Riddoch*

Mastin E V See under *appendicitis*

mastoid destructive disease in the

Granger s sign In extensive destructive disease in the mas toid in an infant not o er two years of age radiographically the anterior wall of the lateral sinus is visualized

mastoiditis

Bezold s sign As an evidence of mastoiditis, when an inflam matory swelling develops in the tip of the mastoid process

mastoiditis suppurative

Hellat s sign In suppurative mastoiditis the transmission of sound wa es is decreased A tuning fork vibrating on the

mandibular reflex This is a synonym for the *jaw jerk reflex*

Mann

1 In exophthalmic goiter the two eyes appear not to be in the same horizontal line

2 In traumatic neuroses there is a lessening in resistance of the scalp to a constant electric current

Mann s syndrome In 1931 Mann described this syndrome in cases of concussion and contusion of the brain in which the symptom complex developed unilaterally on the injured side as follows

1 Restricted movement of the eye to one side
2 Positive *Romberg sign*
3 Past pointing in Barany s test
4 Loss of the swinging movement of the arm in walking
5 Diminution of corneal reflex

This syndrome points to unilateral traumatic involvement of the corpus restiforme or neighboring structures

Mannaberg In diseases of the abdominal cavity especially appendicitis the sign consists of an accentuation of the second sound of the heart

Mannkopf In genuine painful conditions when pressure is made over the painful area an increase in the pulse rate occurs This is not present in the malingerer (Authors Note—In this connection we have found dilation of the pupil to be a trustworthy sign of any painful stimulus hence one means of disclosing a malingerer)

Mannkopf Rumpf See *Mannkopf* which deals with the same sign

Maranon In exophthalmic goiter this sign consists of a vaso motor reaction which follows stimulation of the skin over the throat

Maranon s syndrome This consists of flatfoot scoliosis and spinal disorders occurring in asso iation with ovarian insufficiency

Marcus Gunn syndrome Same as *Gunn s syndrome* which see

Marie In exophthalmic goiter the tremor of the extremities and sometimes of the entire body

Marie s syndrome This name is applied to acromegaly caused by disease of the pituitary gland (adenoma) It is char

McCormac s reflex (*continued*)
tendon is tapped adduction of the opposite leg will result with overflow In normal individuals of hyperesthetic type tapping of the tendon induces reflex adduction of the opposite leg

McLester s syndrome This is characterized by chronic nervous exhaustion There is no impairment of the reasoning power but merely incapability of consistent mental effort and lack of initiative For brief periods the subject may brighten up and show normal enthusiasm and interest This may be due to dietary deficiency

measles

Bespaloff s sign Observed in patients later developing measles especially in febrile children during the invasion of the di ea e Redness of the drum develops on one or both sides—this persists co terminal with the fever and in prac tically all ca es an associated nasopharyngeal catarrh With the appearance of the exanthem the redness of the drum rapidly less ns

Bolognini s sign As an early sign of this disease a sensa tion of friction is imparted to the examiner s hands when he employs the fingers of both hands in making pressure on alter nate sides of the abdomen

Comby s sign Comparatively early in this disease a pul taceous opalescent or dirty white exudate along the gums and more rarely on the buccal mucosa

Koplik s sign In measles in the prodromal stage prior to the development of the cutaneous eruption small dark red macules surrounded by a whitish zone appear on the buccal muco a and the inner side of the lips They promptly fade when th cutaneous eruption develops These are known as Koplik s spots

Meunier s sign In measles this sign consists of daily loss of weight during the prodromal period preceding the eruption

measles German

Forchheimer s sign This occurs in rubella or German mea sle and consists of a reddish eruption on the soft palate

meatus auditory of stillbirth

Wreden s sign In such infants the sign consists of gel atinous material to be found in the external auditory meatus

mastoiditis suppurative Hellat s sign (*continued*)
area of disease is heard over a shorter period than when ap plied to any healthy part

Mathelu In complete intestinal obstruction, a splashing sound may be heard on sharp and repeated percussion in the area about the navel

maxillary antrum infection

Heryng s sign When pus exists in the antrum electric illu mination of the buccal cavity will reveal an infraorbital shadow

Mayo In profound anesthesia the complete relaxation of the muscles controlling the lower jaw

Mayor In pregnancy the sound of the fetal heart beat

McBurney In appendicitis this may be regarded as the classical sign It consists of an area of tenderness with more or less plus tension at a point midway between the umbilicus and the anterior superior spine of the ilium According to Sir James MacKenzie this area represents the filaments of the last two dorsal nerves where they pierce the rectus muscle (Brit Med Jour July 11 1903) (Authors Note—The appendix is de void of sensory nerves Pain results from afferent sympathetic stimuli irritation of the corresponding cord segments and completion of the arc through the efferent sensory motor path way When the irritation is intense synaptic communication to neighboring cord segments takes place with more widespread tenderness and tension and epigastric phenomena with reflex vomiting Direct pain is only possible when the appendix becomes attached to the anterior abdominal wall when peri tonitis results or when both of these conditions exist When an appendix is retrocecal the same anatomic conditions per tain but tenderness will then be found in the lumbar region also as a result of spread of irritation to the parietes)

McCarthy Pyramidal tract disease Organic hemiplegia This sign or reflex is elicited by percussion over the site of the supraorbital nerve It elicits an exaggerated supraorbital reflex with resulting contraction of the orbicularis palpebrarum muscle

McClintock Postpartum hemorrhage It may be suspected if the pulse rate exceeds 100 an hour or more after the birth of the child

McCormac s reflex In exalted states of the nervous system as in a lateral sclerosis or disseminated sclerosis when the patella

Meltzer # 2 *(continued)*
dominal wall and the belly of the psoas mu cle Observed in 10 per cent of chronic cases

Melvin s and Salsbury s sign Refer to *Salsbury s* and *Melvin s sign*

membrana tympani reflex This known also as the *light reflex* is referred to under the first definition of light reflex

Mendel In gastric and duodenal ulcer an area develops in the epigastrium about four to five centimeters in diameter which is tender on percussion. (Authors Note—The gastric area is repre ented in the midline of the epigastric region from xiphoid to umbilicus and from cardia to pylorus Acute and subacute lesions therefore are represented in the area named and from abo e downward according to the ite of the lesion This afferent efferent arc or the components of this afferent efferent reflex arc are the sympathetic and the sensory motor tracts respectively Hence gastri lesions have a higher repre sentation than duodenal. The sign consists of hyperesthesia, tenderness and exalted tension in the most acute cases and more or less tenderness and tension especially on pinching the tissue constituting the midline in the subacute cases The duodenal ulcer is represented in the midline from the navel upwards to an inch and a half above and gastric ulcer still higher in the midline depending upon the site of the ulcer In long standing ul er cases the sign fails because of exhaus tion of the reflex arc.)

Mendel s reflex Known also as the *Mendel Bechterew reflex* the dorsocuboidal and the cuboidodigital The reflex results from percussing the dorsum of the foot Under normal condi tions dorsal flexion of the second to the fifth toes occurs In cerebellar tract disease plantar flexion of the toes results

Mendel Bechterew In organic hemiplegia percuss on using a percussion hammer over the dorsal surface of the cuboid bone causes flexion of the small toes See also *Be hterew Mendel*

Meniere s syndrome Originally found by Meniere in 1861 to be the result of hemorrhage into the semicircular canals but Meniere s syndrome may be due to chronic disease of the laby rinth or other diseases of the middle and even the external ear Labyrinthine vascular disturbance may be a factor Symp toms are deafness tinnitus severe vertigo and vomiting with or w thout nystagmus

meatus auditory of stillbirth Wreden s sign *(continued)* (Authors Note—It is possible of course, that a sign of this kind could be utilized in medico legal work)

mechanical grip When the hand of a patient is contracted as in tetany for instance and the examiner inserts a finger into the hand so contracted the patient s grip will relax when the hand is passively flexed on the forearm

mediastinal pericarditis See under *pericarditis*

mediastinal tumors See under *tumors*

Medulla s syndrome This is characterized by a homolateral lower motor neuron type of tongue paralysis a contralateral upper motor neuron type of palsy of the arm and leg and a contralateral loss of discriminatory sensibility See *hypoglossal alternating hemiplegia syndrome*

This is but one of a number of forms of crossed paralyses which occur both with medullary lesions and with le ions in the pons so also a lesion in one lateral half of the cord as in Brown Sequard s syndrome

medullary syndrome This is characterized by bilateral spastic motor symptoms affecting the upper and lower limbs and an increase of all deep tendon reflexes with pathological reflexes This is a chronic progressive bulbar palsy or a progressive glossolabial laryngeal palsy usually part of an amyotrophic lateral sclerosis

Meigs syndrome This consists of ovarian fibroma with ascites and hydrothorax (Authors Note—May occur with malignant tumor of the ovary)

melancholia

Schules sign Which consists of a skin fold between the eye brows resembling the Greek letter Omega hence called the Omega melancholia

Meltzer

1 In esophageal constriction or occlusion especially involving the lower portion of the esophagus the sign consists of the loss of the second sound of the heart which is normally heard on auscultation of the heart after swallowing

2 Marked tenderness when pres ure is ma le over McBurney s point with the patient supine arms elevated knees partly flexed and the right leg extended kept rigid and gradually elevated thus impinging upon the appendix between the ab

meningitis ***Weil Edelmann s sign*** **(variant of Babinski s sign # 2)** *(continued)*

orders Gerhartz was able to reveal post mortem that a lesion in the cerebral cortex was the factor responsible for the so called cortical spastic reflex on the contralateral side of the body

meningitis cerebrospinal

Lafora s sign In cerebrospinal meningitis picking of the nose is regarded as an early sign

Leichtenstern s sign In cerebrospinal meningitis tapping a bone of the extremities reveals evidences of in rea ed irrita bility as shown by the wincing on the part of the patient

meningitis cerebrospinal or tuberculous

Brudzinski s # 3 In cerebrospinal or tuberculous menin gitis and sometimes in lateral sclerosis a contralateral reflex may be obtained Passive flexion of one leg will then result in similar movement of the other leg

knee jerk In cerebrospinal or tuberculous meningitis and sometimes in lateral sclerosis an overflow reflex may be elicited Occasionally too in exalted functional nervous states a simi lar phenomenon may be developed When the knee jerk is tested on one side the stimulus may suffice to cause reaction in the other leg

meningitis tuberculous

Binda s sign An early sign of this condition is the sudden jerking of one shoulder when the head is passively and abruptly turned toward the other side

Biot s sign In tuberculous meningitis especially though it may be observed in meningitis from any cause the sign con sists of a grouping of rapid and equally deep respirations with intervening periods of apnea lasting from several seconds to one half a minute or more

Brudzinski s sign # 1 In tuberculous meningitis when the patient is supine if the observer places one hand under the head and the other over the chest and attempts are made to raise the head the legs will suddenly flex extension of the great toe occurs and the other toes separate in a fanlike man ner In children below two years of age this sign is not significant

Brudzinski s sign # 4 In tuberculous meningitis the so called cheek phenomenon may be present If pressure is made on both cheeks just below the zygoma a reflex upward

meningeal irritation

Gulliand s sign In meningeal irritation prompt flexion of the hip and knee joint occur when the contralateral quadriceps muscle is pinched

meningitis

Biot s sign In meningitis from any cause but most frequently in the tuberculous form the respiratory movements occur in groups They are rapid but equal spaced by apneic intervals of several seconds to a half minute or even more

Kernig s sign # 1 In meningitis when the patient is supine the legs can be completely extended When however the thigh is flexed at an angle of 90 or less with th abdomen the leg cannot be completely extended nor can it be extended when *the patient is in a sitting posture*

Parrot s sign # 1 This sign met with in meningitis consists of a dilation of the pupil in pinching the skin of the neck (Authors Note—Dilation of the pupil occurring as a sign of painful stimuli may be utilized in differentiating a malingerer and assumed pain from one suffering genuine pain For instance in the neurotics and in painful conditions of the muscle and indeed wherever definite pain stimulus can be induced the promptness and degree of dilation of the pupil can be *accepted as a sign of true pain*)

Signorelli s sign Sometimes referred to as retromandibular painful point This point is situated just below the ear and in front of the mastoid process In meningitis pressure over this point causes severe pain

Simon s sign # 2 A want of correlation between movements of diaphragm and thorax met with in early meningitis

tache cerebrale Which see

Weil Edelmann s sign (variant of Babinski s sign # 2) It was pointed out some years ago that the Babinski toe phenomenon may be elicited if the leg is flexed at the hip and extended at the knee In tuberculous meningitis both Kernig and Weil Edelmann signs were found co existent and it may be of value *in any meningeal inflammation and it may be elicited early in* meningitis when Kernig s sign is absent Gerhartz in studying spasti reflexes differentiated two groups one tho e due to cortical disturbances and two those due to pyramidal dis

mesenteric pull sign of Otts Occurring in appendicitis For compl te description see *appendicitis*

metabolic disorders

diabetic coma See *Piesman s # 2*

exophthalmic goiter See *Rosenbach s sign # 3*

gouty diathesis See *Tommasi s sign*

incipient diabetes See *Unschuld s sign*

rickets See *Quant s sign*

tetany See the signs of the following *Kashida Pool Trousseau Weiss*

metallic poisoning See under *poisoning*

metameric syndrome This is a descriptive term referring to a syndrome directing attention to a focal lesion of the spinal cord occurring especially in the gray matter Hence it is also called the *segmentary syndrome*

metatarsal arch inflammation of anterior part

Strunsky s sign Devised essentially for the recognition of lesions of the metatarsal arch Under normal conditions when the toes are grasped and quickly flexed the procedure is pain le s Pain re ults if there is any inflammatory lesion of the metatarsal arch

Meunier In measles this sign consists of daily loss of weight during the prodromal period preceding the eruption

Meyer The eruption of scarlet fever is a so iated with formica tion of the hands and feet

Michelson Weiss sign A confirmatory sign for the diagnosis of otitis me lia associated with pulmonary tuberculosis

Patients with pulmonary tuberculo is who have otitis media are able to perceive with the diseased ear sounds originating in their respiratory tract They are oftened puzzled over this apparent paradoxical phenomenon of hearing only with their deaf ear such intrathoracic sounds as rales rhonchi and squeaks These sounds can be differentiated by oral ausculta tion from the subjective sensations of buzzing ringing or pulsations usually complained of in otitis media. In every instance of otitis media, râles originating in the tuberculous lung when detected by the examiner aurally were also heard by the diseased ear and when such aural auscultation was negative no rales were heard by the patient

meningitis tuberculous Brudzinski s sign # 4 (*continued*) jerking of both arms takes place with flexion of the two elbows at the same time

Skear s sign A sign of tuberculous meningitis which consists of small circles bilaterally in the iris adjacent to the pupil

Stocker s sign If the attempt be made to lower the bed clothes covering a typhoid patient in his clouded lethargic state he pays no attention A patient with tuberculous meningitis however manifests some resistance and attempts to replace the bed covers

meningomyelitis See *vascular lues*

menstrual function

premenstrual See *Vacine s premenstrual salivary syndrome*

mental conditions See *nervous and mental conditions*

mental deficiency in children

Masini s sign In mentally deficient or unstable children marked dorsal extension of the fingers and toes is m t with. (Authors Note—This is not to be confused with definitely athetoid movements)

mental deterioration

Barre s sign # 1 This consists of retarded contractions of the iris Mr Andre Barre of the Urologi Clinic of the Salpetriere has noted that under normal conditions slight oscillations of the margins of the iris occur at periods of from 10 to 30 seconds in aged persons or in persons with natural mydriasis When mental disorder manifests itself the e oscillations occur less frequently and may be completely suppressed They vary with the type of mental condition present In idiots oscillations as a rule are absent and in imbeciles contractions occur only once in from one to three minutes The author believes the sign to have prognostic value Contractions are quite retarded in dementia praecox and may even be absent and when present are weak In dementia paralytica the iris is motionless If improvement of the patient occurs oscillations of the iris become more marked and more frequent

mental disease and pupillary sign for details see *mental deterioration*

meralgia paresthetica syndrome See *Bernhardt Roth syndrome* and *Roth s syndrome*

Milkman s syndrome (*continued*) graphic changes consisting of bands or zones of increased radiolucency slowly progressing in size extending acro s the long bones transversely to their long axes with no attempt at repair and for the most part symmetrical I tiology unknown

Millard Gubler syndrome Also known as facial hemiplegia alternans one of a number of forms of cros ed paralysis or cros ed hemiplegia the lesion being in the pons It is char acterize l by paralysis of one entire side of the face with paralysis of the arm and leg on the opposite side

Minkowski Chauffard syndrome This consists of a hereditary hemolytic jaundice with increased fragility of the re l blood cells with enlargement of the spleen It is also known as *famil al acholuric jaundice* It is first met with in children and is slowly progressive but responds to splenectomy

Minor Sciatica is suggested by the manner in which the patient with this condition rises from a sitting position He supports his weight on the uninvolved side by balancing on the healthy leg placing one hand upon the back, and bending the affected leg

Mirchamp In mumps if a sour substance such as vinegar or lemon is applied to the mucous membrane of the tongue a painful reflex is induced causing secretion in the parotid about to become affected

Mobius In exophthalmic goiter the lack of convergence of the eyeballs due to insufficiency of the internal rectus muscles

Mobius syndrome This is also known as *akinesia algera* It is a functional disturbance characterized by pain on muscular movement hence the volitional restriction of motion

Monakow s syndrome This is rarely referred to under the name of Monakow and it would seem better to speak of it as the anterior choroidal artery occlusion syndrome Variations in the syndrome are due to the fact that the anterior choroidal artery consists of two portions a cranial and a caudal dis tribution In most instances the syndrome consists of hemi plegia hemianesthesia and hemianopia all on the side opposite the l sion hemiplegia being the most constant and hemianopia most liable to variation

The area supplied by this vessel includes the posterior two thirds of the posterior limb of the internal capsule most of the globus pallidus the optic radiat on at its origin the lateral

Michelson Weiss sign (*continued*)

One can utilize this clinical picture as a confirmatory sign in the diagnosis of otitis media in phthisical patient It is believed to be important in such cases and should be used along with the routine otologic tests In every instance it was confirmed by the Weber Schwabach Rinné and whispered voice tests It indicated the presence of an involvement of the sound conducting mechanism of the diseased ear and served to differentiate such disturbance from nerve deafne s

micturition involuntary See *mass reflex*

middle cerebellar peduncle syndrome This is characterized by vertigo skew deviation a sensation of movement of the head eyes and trunk on the vertical axis and occasionally forced one sided positions of the body and head in lying Vomiting tinnitus and deafness on the same side may accompany this syndrome

middle ear disease reflex In children not over five years of age Under the condition mentioned the *fontanel reflex* known also as *Grunfelder s reflex* is induced by pressure over the pos terior fontanel The reflex itself is somewhat similar to Babin ski s and consists of dorsal flexion of the great toe with fan like spreading of the other toes

Mikulicz s syndrome *This is characterized by an enlargement of* the lacrimal and salivary glands with or without a cervical adenopathy This aggregation of glandular enlargements is *referred to as Mikulicz s syndrome when it constitutes* a mani festation of some other dis ase entity as in Hodgkin s disease or leukemia

Milian In diseases of the skin involving the head and face the *ears* are involved but in subcutaneous inflammation of the head and face the ears are not involved. (Authors Note—A possible exception to this exists in the case of erysipelas involv ing head and face)

Milkman s syndrome This is characterized by multiple trans parent stripes of absorption in the long and flat bones This condition is known as multiple spontaneous idiopathic sym metrical fractures ' The syndrome consists of a disturbance in the gait which eventually becomes a waddling form of progression Backache and pain in the extremitie tenderness on pressure over skeletal tissues and characteristic radio-

Mortola s sign (*continued*)
intensity of response is in direct proportion to the degree of inflammation (Authors Note—Unless the parietal perito neum is involved this sign is a manifestation of reflex phenomena.)

Morton s painful foot See *Morton s syndrome*

Morton s syndrome This syndrome was first described by Morton in 1876 and is characterized by typical plantar pain at the fourth metatarsophalangeal articulation Poloسson of France called it anterior metatarsalgia It consists of pain at the fourth metatarsophalangeal articulation mo t fre quently unilateral and in the right foot It is seen more fre quently in the female than in the male and the onset may be gradual or sudden The pain usually remains localized but may involve the second or third metatarsus but never the first Trauma and hereditary anatomic predisposition are said to be the etiologic factors

Morvan s syndrome This name is given to the usually sym metrically placed recurring painless lesions which appear on the hands and sometimes also on the lower extremities in cases of syringomyelia and anesthetic leprosy Another painless condition which should not be confused with the above is a tropical fungous disease known as mycetoma or madura foot

Moskowicz In gangrene the result of vascular lesions the af fected limb manifests a different vascular response to com pression than a healthy limb In a limb with a normal vascular supply when an elastic l gature is applied allowed to remain for a few minutes and then released the skin which had been anemic will become red with the same intensity and rapidity on each side of the site of the ligature In the case of the gangrenous limb after the ligature is removed from a position some distance above the site of the gangrene the hyperemic response is slower and much less marked than in the case of a healthy limb

motor reflex This term implies any reflex of motor origin in contradistinction to a sensory reflex.

mouth and hand synkinesia

Saunders sign When a child opens the mouth widely asso ciated movements of the head and hand occur the hand move ments consisting of extension and preading of the fingers of the open hand

Monakow s syndrome (*continued*) portion of the lateral geniculate body and the crus cerebri at its middle third

Mondonesi s reflex Known also as the *facial reflex* and the *bulbomimic reflex* This may be elicited in apoplectic coma by pressure on the eyeball This causes facial muscle contraction on the side opposite to the lesion In the toxic comas the reflex develops bilaterally

Monteverde This is a sign of death The sign consists of the absolute lack of response to the subcutaneous injection of ammonia

Moon This is a sign of congenital syphilis in which the first molars are small and somewhat dome shaped

Morgagni s syndrome This consists of internal frontal hyperostosis virilism and obesity This syndrome was first described pathologically in 1765 by Morgagni and Santorini The syndrome is composed of three systemic disorders (1) Hyperostosis of the frontal bone (2) degenerative disease of the brain resulting in atrophy with consequent neurologic and psychiatric phenomena (3) obesity and virilism which are ascribed to an endocrine disturbance

Moro s reflex Known also as the *embrace reflex* which see

Morquio In epidemic poliomyelitis when the patient is supine he resists all attempts to raise the trunk to a sitting posture unless the legs are passively flexed

Morris point See under *appendicitis*

Morris sign See under *appendicitis*

Mortola s sign This sign which elicits pain when properly applied determines the presence of intraabdominal inflammation The patient must be in the dorsal position with relaxation of the abdominal muscles The examining physician uses the thumbs and index fingers of the two hands by which he takes as large an area of the anterior abdominal wall as possible situated in the lower two quadrants Pinching this will reveal any possible hyperesthesia When intraabdominal inflammation exists the movement of the parietal over the visceral area induces more or less intense pain except of course in cases of posterior cord disease as in tabes and in pernicious anemia In acute appendicitis or in smoldering forms and in tuberculous peritonitis without ascites this sign may prove of value The

murmur

Fisher s sign # 1 In adherent pericardium it is sometimes possibl to he ir a presystolic murmur

murmurs mitral

Riesman s sign # 5 Transdigital auscultation Again using a diaphragm stethoscope this placed upon the index or mid dle finger flexed at a right angle with the finger tip placed directly over the apex beat Thus auscultation and palpation are practi ed simultaneously and timing of the murmur be comes more accurate This method is also of value in eliciting the Duroziez murmur in aortic regurgitation

Murphy In gallbladder disease this sign consists of the inability on the part of the patient to breathe deeply when the ex aminer s fingers are inserted deeply beneath the right costal arch below the margin of the liver

Murphy s kidney sign In the presence of pyelitis or stone in the pelvis of the kidney especially when this latter is rela tively recent tenderness and sometimes a dull pain are elicited by first percussion made posteriorly over the kidney areas as far as possible using the same amount of force on each side with a view to estimating comparative results

Murphy s piano percussion See under *appendicitis*

muscle fiber contraction

Goggia s sign This occurs in prolonged and exhausting diseases principally in typhoid fever and consists of a local contraction of muscle fibers especially observed in the biceps when this muscle is first struck with a percussion hammer and then pinched In healthy individuals the reaction is more marked for the fibrillary contraction then spreads over a greater length In disease it is strictly localized A somewhat similar quivering of the mus les occurs spontanoeusly in those who have been exposed to great heat and also in myoclonus fibrillaris multiplex This condition is then spoken of as myokymia (Authors Note—Parely seen in the pectoral region over the heart area in preagonal cardiac states Robert son de ribed this latter sign)

muscle mounding See *myotatic irritability sign*

muscular reflex This is an expression of a complete reflex arc th reflex consisting of muscle contraction either or both isotonic or isometric The former implies shorten ng and the latter increase in tone

mulberry teeth These so called mulberry molars sometimes referred to as the ' Fournier tooth '' are seen in congenital syphilis *and are characterized by a defective dwarfing of the* cusps and bulging of the crown due to hypertrophy of the enamel When caries develops in such teeth the cu ps are replaced by a depression This pitting the result of decay, and the cross ribbed aspect of the grinding surface of the enamel are responsible for the term ' honeycomb molar '' The process involves the first molars of the second dentition which erupt at about the sixth year

Muller In aortic insufficiency the pulsation of the uvula and the systolic and diastolic flushing and paling of the tonsils and velum palatae which occur synchronously with the heart action

multiglandular syndrome Same as *Timme s syndrome* which see

mumps

duct sign In mumps the red spot which develops at the orifice of Steno s duct

Hatchcock s sign In mumps the tenderness which exists on light pressure by the finger in the direction of the angle of the jaw from above downward

Mirchamp s sign In mumps if a sour substance uch as vinegar or lemon is applied to the mucous membrane of the tongue a painful reflex is induced causing secretion in the parotid about to become affected

Tresilion s sign Occurring in mumps the sign consisting of a reddish, more or less swollen Stensen s duct

Murchison Sanderson syndrome This is characterized by a peculiar sequence of temperature Over a period of 10 to 14 days there is a gradual ascent of temperature to 103 to 104 and a gradual descent of temperature the maximum or high point generally persisting for three or four days in the middle of the period An afebrile period of 10 to 14 days is spaced between the fever periods By many this is regarded as a variant of Hodgkin s disease and may be preceded by pruritus and later an exanthem terminating as a pigmentation The dominant criterion of this syndrome however is he peculiar course of fever with intermittent apyretic periods Better known as Pel Ebstein fever

N

nasal reflex For details see *Bechterew s reflex # 1*

nasomental reflex When a sudden light tap on the side of the nose is made with a percussion hammer contraction of the mentalis muscle results with consequent elevation of the lower lip and wrinkling of the skin of the chin

natiform or hot cross bun skull sign

Parrot s sign # 2 *In congenital syphilis the frontal emi*nences are apt to be exaggerated These are known as Parrot s nodes or the natiform or hot cross bun skull Other nodes may also occur as osseous residues of periosteal and osteomyelitic lesions especially in tardive cases often with the development of interstitial keratitis

Naunyn In cholecystitis when the examiner suddenly makes upward pressure with the fingers in the external limits of the right epigastrium beneath the costal arch at the end of a full inspiration, a sensation of deep seated tenderness results

neck phenomenon

Brudzinski s sign # 2 The so called neck phenomenon occurs in acute cerebral leptomeningitis Flexion of the lower extremities at hip and knee is induced when the patient s head is bent forward

necrosis See under *gangrene*

Negro

1 When paralys s of the eyeballs occurs and the globes are directed upwards exaggerated movement of the eyeball w ll occur on the side more severely affected by the paralysis

2 This is a muscle phenomenon and occurs when a hypertonic muscle is passively stretched Under such con dit ons the resistance of the muscles may result in irregular jerky movements

neoplasms

cachexia of malignancy See *Pommelaere s sign*
cancer of breast See *Ben adon s sign*
cerebral tumor or abscess See *Poser Braun*
cervical vertebrae tuberculosis of See *Pust s sign*
dermoid cyst See *Olller s sign # **

myasthenia gravis syndrome Same as *Erb s syndrome # 2* which see

myenteric reflex As the name implies this refers to intestinal contraction and relaxation above that portion of the bowel which is stimulated or irritated

myocardium degeneration of

Robertson s sign # 1 This consists of the development of maculopapules of dull pink to purple according to their age occurring chiefly on the trunk rarely on the upper extremities in myocardial degeneration When viewed with a hand lens they appear to be made up of many discrete points Microscopic sections reveal numerous capillaries some thickening of the collagen and more or less edema. In luetic cardiac conditions they may disappear with recovery of the patient but they are less apt to disappear in the nonluetic This sign was observed by W E Robertson in the wards of the Philadelphia General Hospital

myocardium lowered function of

Shapiro s sign This sign consists of failure of the pulse rate to become slower in the recumbent as compared with the erect posture and is interpreted as a sign of lowered function of the heart muscle

myopic reflex or Weiss reflex This is said to occur particularly in myopia With the ophthalmoscope a curve reflex is to be seen on the fundus of the eye to the nasal side

myotatic irritability sign This sign consists of a localized muscular contraction at the site where struck by the finger tip or by the point of a percussion hammer It is sometimes referred to as muscle mounding but this is not always descriptive because at times a dimpling may occur at the site struck This sign can be demonstrated in any cachectic condition as in advanced tuberculosis or malignancy also in neuromuscular diseases notably in myotonia congenita (Thomsen s disease) and myotonia atrophica (dystrophia myotonica) In these two latter conditions this sign is a striking feature of each disease but in the dystrophic variety the sign disappears with the advance of the atrophy In this connection see under *muscle fiber contraction Goggia s sign*

myotonia congenita and atrophica See *myotatic irritability sign*

nerve cutaneous external

Bernhardt s sign When for any reason this nerve is irritated both paresthesias and painful areas occur on the outer and anterior surfaces of the thigh on the affected side Known as meralgia paresthetica.

nerve division of

Tinel s sign Known also as the distal tingling on percussion sign and *formication sign* It is elicited when percussion is made over the region of a divided nerve The tingling sensation resulting in the distal portion of the limb suggests regeneration of the nerve This is also synonymous with *Toma s sign*

nerve radial paresis of See under *paresis*

nervous and mental conditions See also *neurologic reflexes* in addition to the following

- **acidosis diabetic** See *Kussmaul s sign # 3*
- **alcoholism** See *Quinquad s sign*
- **allochiria** Which see
- **amaurotic family idiocy** See *Tay s sign*
- **angiomatous tumor of cerebellum** See *Lindau s syndrome*
- **anterior arch inflammation** See *Strunsky s sign*
- **anterior poliomyelitis** See *spine sign*
- **aphasia** Which see
- **aphasia subcortical** S e *Lichtheim s sign*
- **Bell s palsy** Which see
- **brain abscess** See *pulse rate sign*
- **brain injury or disease** See *Mann s syndrome*
- **caudal nerve roots** See *Love s sign*
- **central nervous system disease** See *Piotrowski s sign*
- **cerebellar disease** See *Holme s rebound sign* and *Andre-Thomas* al o see *Wartenberg s cerebellar sign*
- **cerebellar disease in childhood** See *Hahn s sign*
- **cerebellar leptomeningitis** See *Brud inski s # 2 and # 3*
- **cerebellar syphilis** See *Saenger s sign*
- **cerebral abscess or tumor** Se *Poser Braun*
- **cerebrospinal meningitis** See under *meningitis*
- **Cheyne Stokes respiration** Which see
- **coma due to cerebral lesion** See *Courtois sign*
- **corticospinal disease** Which see
- **corticospinal reflex path lesions** Which see

neoplasms (*continued*)

dermoids of ovary See *Kuster s sign*
ducts suppuration of See *Ben adon s sign*
esophageal stricture See *Trimadeau's sign*
gastric carcinoma See *Carman s meniscus sign*
hydatid echo sign See *echo sign*
intraabdominal tumor See *Troisier s sign*
lipomata See *orange peel sign*
mediastinal tumors See *Pere sign* and *Kussmaul s # 2*
pregnancy See *Hicl s sign*
pyloric carcinoma See *Tansini s sign*
retrosternal tumor See *Troisier s sign*
sarcomatous bone See *Dupuytren s # 1*
thalamus See *Nothnagel s sign*
thoracic suprasulcus type See *Pancoast s syndrome*
tumors within the thorax See *Sterles sign*

nephrolithiasis

Thornton s sign This sign is as ' described by Thornton, subjective and consists of severe pain in the flanks in nephrolithiasis (Authors Note—This is much less definite and specific than the description given by the late Sir James MacKenzie in his book Symptoms and Their Interpretation in which he describes both plus tension and tenderness over the region of the crest of the ilium of the affected side from behind forward as the stone passes down the ureter In the most acute cases hyperesthesia is also present over the ilium)

nephrotic syndrome This is characterized by edema albuminuria decreased serum albumin inversion of albumin globulin ratio, low basal metabolic rate high cholesterol and refractile bodies in the urine This is best known as *Epstein s syndrome*

Neri

1 In organic hemiplegia while the patient is in the dorsal position when the affected leg is passively lifted the sign consists of a spontaneous bending of the knee This is sometimes referred to as Neri s leg sign

2 In monoplegia or hemiplegia the patient being in a recumbent position with arms extended and pronated when the examiner flex s the sound arm it remains pronated but the paretic arm supinates

nervous and mental conditions (*continued*)

malingerers Which see
melancholia Which see
meningeal irritation See *Guilland s sign*
meningitis Which see
mental deficiency in children See *Masini s sign*
mental deterioration See *Barre s # 1*
muscle fiber contraction See *Goggia s sign*
nasal reflex of Bechterew *Bechterew s # 1*
neuralgia See *Brodie s sign # 2*
neurasthenia Which see
neurolymphogranulomatous syndrome Which see
orbicularis oculi muscle See *Pilc sign*
optic tract disease See *Wernicke*
organic hemiplegia percussion See *Mendel Bechterew*
organic paralysis Which see
painful leg cramps See *Unschuld s sign*
painful shoulder See *cervicobrachial syndrome* also *scalenus anticus syndrome*
pallidospinal path lesions See *Huntington s sign*
paralysis cervical sympathetic See *Tourney s sign*
paralysis of facial nerve See *Petithod s sign*
paralysis of leg See *Strumpel s # 1 and # 2*
paraplegia spastic Which see
paresis of radial nerve Which see
paretic dementia Which see
paretic muscles See *Claude s hyperkinesis*
paretic states Which see
paroxysmal hemoglobinuria See *Uriolla s sign*
peduncular brain stem syndrome See *Kristiansen s syndrome*
peripheral facial paralysis See *paralysis of the face*
peripheral nerve division of Which see
peripheral paralysis See signs of *Cestan* and *Dutemps*
plantar reflex of Bechterew See *Bechterew s # 3*
poliomyelitis See *Morquio s sign*
polyradiculoneuritis See *Guillain Barre Strohl syndrome*
postconcussion syndrome Which see
postencephalitis See *Parkinson s sign*
posterior inferior cerebellar artery obstruction See *Hassin s sign*
pupil reflex of Bechterew See *Bechterew s # 2*

nervous and mental conditions (*continued*)
cysticercus disease of fourth ventricle See *Brun s sign*
deep reflex of Bechterew See *Bechterew s # 4*
dementia paralytica See *Joffroy s # 2*
dementia praecox See *Onanoff s sign*
echolalia See *aphasia*
echolalus S e *aphasia*
embolism of optic chiasm See *Wernicke s hemiopic sign*
epilepsy See *Seguin s sign*
excessive fatigue See *Uriolla s sign*
exophthalmic goiter See the following signs *Ball t s Mann s # 1 Marie s*
external cutaneous nerve See *Bernhardt s sign*
facial nerve See *Bricker s sign*
facial neuralgia See *Seeligmuller s sign*
facial palsy See *Legendre s sign* and *syndrome of crocodile tear*
facial paralysis See *Strauss sign*
foot response to electric stimulation See *Pitter Poliet*
forearm sign See *Leri s sign*
formication sign Which ee
functional paralysis See *Beevar s sign*
gait disturbance of See *Charcot s # 2*
gastric retention See *Kussmaul s # 1*
Guillain Barré Strohl syndrome Which see
hemiplegia Which see
Horner s syndrome See *Tournay s sign*
hyperkinesis sign See under *Claude*
hypertonia Which ee
hypogastric reflex of Bechterew See *Bechtereu s # 5*
hypotonia Which see
hysteria Which see
hysterical anesthesia Which see
hysterical hip disease Which see
insanity See *ulnar sign*
intercostal neuralgia See *Schepelman s sign*
intestinal inflammation See *Rosenbach s # 1*
intracranial pressure See *Duckworth s sign*
intracranial tension See *MacEwen s sign*
lancinating pain in leg Which see
lesions Which see
locomotor ataxia Which see

neurasthenia

Rosenbach s sign # 4 The inability on the part of a patient with neurasthenia to close the eyes at once when told to do so

Rumpf s sign # 2 The development of increased pulse rate on pressure over any painful joint in the neura thenic.

neurasthenia—headache hypotension and temporal pulsation For details see *Vermel s sign*

neurasthenia and malingering

Robertson s sign # 2 In the malingerer or neurasthenic when alleged pain is complained of pressure over the area fails to produce dilation of the pupils which invariably follows when pressure is made upon any painful area resulting from an organic lesion

neurasthenic states

Flora s sign In neurasthenic states a defective tetanic re sponse occurs on prolonged faradic stimulation of the weak muscles

neuritis peripheral posterior or lateral column disease and in many diseases of brain and cord the so called deep re flexes which comprise the knee and ankle jerk may be involved For details concerning the knee jerk see under *knee jerk reflex*

neuritis peripheral and sciatica See *Lust s reflex*

neuroanemic syndrome This name is applied to the coexistence of pernicious anemia and sensory and motor disturbances

neurocutaneous syndrome This name has been applied to the formation of skin lesions often nevi associated with de formities of the skeleton together with symptoms the result of degeneration of the central nervous system This syndrome is not sharp and well defined and by some authors cases of lipoid dystrophy have been included under this caption and by others the disseminated xanthomatous group Whether juvenile or amaurotic idiocy with or without splenohepatomegaly should be included in this grouping is questionable although such cases may be associated with lipoid dystrophies and with skeletal deformity

neurologic reflexes

abdominal reflexes Which see

acromial reflex Which see

nervous and mental conditions (*continued*)

pyramidal tract disease Which see, also see *Wartenberg s sign*

pyramidal tract disease traumatic See *atlo axial dislocation syndrome*

radiculitis Which see

Raynaud s disease See *Raynaud s sign*

sciatica Which see

sciatica and lumbago See *Demianoff s sign*

sclerosis disseminated Which see

scotoma See *Seidle s sign*

sinus thrombosis See *Crowe s sign*

skull fracture Which see

spasmophilia Which see

spastic conditions See *Oppenheim s sign*

spinal cord lesions See *Kerr s sign*

spinal tumor Which see under *tumor* Also see *Weinberg s syndrome of spinal cord tumor at the foramen magnum*

supranuclear lesion See *unequal nares sign*

sympathetic nervous involvement See the signs of *Hassin* and *Langley Sherrington*

syndrome of crocodile tears Which see

syphilitic paresis See *Baillarger s sign*

tabes dorsalis Which see

tetany Which see

thalamus See *Nothnagel s sign*

thrombosis of optic chiasma See *Wernicke s hemiopic sign*

traumatic neuroses Which see

tuberculous meningitis See under *meningitis*

vagal irritability See under *vagus nerve*

vagus nerve Which see

vasoconstriction development See *Livierato s sign*

Winkleman s sign Which see

neuralgia

Brodie s sign # 2 Involving a joint In such a condition, pain is induced by folding or pinching the skin in the region of a joint

neuralgia facial

Seeligmuller s sign The sign consists in the development of mydriasis on the same side of the face in which a neuralgia develop

neurologic reflexes (*continued*)

vascular lues or meningomyelitis See under *vascular lues*

wrist clonus reflex Which see

neurolymphogranulomatous syndrome It is stated that malig nant lymphogranulomatosis may cause various types of nervous syndromes from compression of the lateral columns of the spinal cord the brain or the nerve roots by the lympho granulomatous lymph nodes or their metastases Certain nervous syndromes may also be observed in the absence of nervous compression These are of two types First diffuse meningoradiculoneuritis with paralysis of the sixth nerve oculosympathetic paralysis (*Horner s syndrome*) and radicular sciatic pain second a form of progressive bilateral muscular atrophy of the extremities without paralysis or sensory dis turbances Lipiodol injected by the suboccipital and lumbar routes demonstrates no obstruction J C Pla and his asso ciates conclude that syphilis does not play a part but the development of nervous syndromes in malignant lympho granuloma in the absence of nerve compression suggests a lymphogranulomatous virus

neurovisceral syndromes See the following syndromes *cere bral adiposity diabetes insipidus Horner s Laurence Biedl visceral neuralgia*

niche A radiographic shadow of penetrating gastric ulcer called *Haudek s niche* See under *Haudek*

night cry The so called *pavor nocturnas* A night terror or shrill cry uttered by a child in sleep It may usher in an acute joint condition as in acute articular rheumatism or rickets and sometim s occurs in children with enlarged tonsils and adenoids

Nikolsky This sign characterizes any condition in which the outer layer of the skin is readily abraded by sl ght injury

nodes bronchial lymph tuberculosis of

De La Camp s sign In tuberculosis of the bronchial lymph nodes relative dullness may be found over and to both sides of the fifth and sixth dorsal vertebrae

node bronchial lymph enlargement

D Espine s sign # 1 In a normal adoles ent or adult when auscultation is practiced over the spinous process s pectorilo quy can be heard over the position of the trachea but it ceases at the bifurcation whereas in infants it ceases at the seventh

neurologic reflexes (*continued*)
anal reflex Which see
ankle clonus reflex Which see
anticus reflex Which see
central nervous system lesion See *tarsophalangeal reflex*
cerebellar tract disease See *Mendel s reflex*
coma reflex Which ee
consensual reflex Which see
contralateral reflex Which see
crossed or indirect reflex Which see
dementia praecox See *Onanoff s reflex*
femoral reflex Which see
fifth cervical segment lesion Which see
Fontanelle s reflex See *Grunfelder s reflex*
genital reflex Which see
Gordon s reflex See *paradoxic flexor reflex*
hemiplegia See the following reflexes *Bechterew s # 4 Brain s quadripedal reflex bulbomimic reflex triceps reflex*
hemiplegia organic See *Babinski s # 6*
lateral column disease See *neuritis peripheral posterior*
meningitis Which see
multiple sclerosis See *jaw jerk reflex*
oculopharyngeal reflex Which see
paradoxic flexor reflex Which see
patella tendon reflex See *Bu ard s reflex*
peripheral neuritis See *Lust s reflex*
peripheral neuritis posterior See under *neuritis*
pyramidal tract disease Which see
sacral cord injury Which see
sciatica See *Lust s reflex*
sclerosis lateral and disseminated Which see
spastic paralysis See under *paralysis*
spinal cord compression disease or injury See under *spinal cord*
spinal reflex Which see
sympathetic nervous system irritation See *Puggers s reflex*
Achilles tendon reflex Which see
tetany Which see
vagal nerve stimulation or irritation See *Aschner s reflex*
vagotonic reflex Which see
vasovagal reflex Which see



Ober s sign This sign was suggested by Dr Frank R Ober of Boston with a view to the recognition of back strain and sciatica. He calls attention to the frequency of a negative roentgenogram in the presence of clinical signs and symptoms of irritation of the sacroiliac or lumbosacral joints He refers to the importance of the iliotibial band as a factor in the occurrence of lame backs with or without an associated sciatica Referring to the most important diagnostic sign he states The patient is placed directly on his side The examiner places one hand on the pelvis to steady it and grasps the patient s ankle lightly with the other hand holding the knee flexed at a right angle The thigh is abducted and extended in the coronal plane of the body ' In the presence of iliotibial band contracture The leg will remain abducted the degree of abduction depending upon the amount of contracture present This sign is present both in the conscious and anesthetized patient

obliquus reflex This is a reflex involving the external obliquus muscle which contracts more or less in toto when any stimulus is applied to the skin of the thigh below Poupart s ligament

obstetrics For conditions or determinations under this heading see under the heading *pregnancy* and also see the following signs

Ahlfeld s sign	*Kanter s sign*
Arnoux s sign	*Kuster s sign*
Beccaria s sign	*Mahler s sign*
Blecard s sign	*Mayor s sign*
Braun Fernwald sign	*McClintock s sign*
Chadwick s sign	*Olier s sign # 2*
Chaussier s sign	*Pinard s sign*
Cullen s sign # 1 and # 3	*Pandall s sign*
Gauss sign	*Pasch s sign*
Goodell s sign	*Peusner s sign*
Hegar s sign	*Pinman s sign*
Hoehne s sign	*Tarnier s sign*
Jacquemier s sign	*Wreden s sign*
Johnson s sign	

node bronchial lymph enlargement *D Espine s sign # 1 (continued)*
cervical vertebra. When heard below this point in infants it is *indicative of enlargement of the bronchial lymph nodes*

Smith s sign Consists of a murmur, heard on auscultation over the first piece of the sternum with the patient's head overextended when the peribronchial glands are enlarged. It is of especial value in the case of young children This sign of Eustace Smith is questioned by Gittings See under *Smith*

Nonne s cerebellar agenesis syndrome Same as *Cestan s syndrome* which see

Nonne s syndrome This name is applied to the various disturbances of synergic motor control (incoordination dysmetria, asynergia, and speech difficulties) considered collectively which point to disease of the cerebellum

nostril reflex In diseases of the lungs the opening of the naris on the affected side is reduced in proportion to the lessened alveolar air capacity on the affected side

nostril sign See *unequal nares sign*

Nothnagel In tumor of the thalamus paralysis of the facial mus les occurs particularly in relation to movements asso ciated with the emotions

Nothnagel s syndrome This consists of unilateral oculomotor paralysis combined with cerebellar ataxia and cro sed paral ysis This is one of several lesions which may affect the cere bral peduncles the exact position determining the syndrome hence in addition see Benedikt s syndrome Weber s syn drome and the Weber (ubler syndrome

nuclear lesion See *unequal nares sign*

nystagmus

Barany s sign # 2 In irrigating the normal external au li *tory canal with water not exceeding 120 F a rotary nys* tagmus develops in a direction toward the ear being irrigat d When cold water is used a rotary nystagmus develops away *from the side being irrigated* No nystagmus results if the labyrinth is diseased

Bard s sign Nystagmus in the presence of an organic lesion increases as the patient s eyes follow the moving ing r from side to side In congenital nystagmus the oscillations cease under similar conditions

Uhthoff s sign As a sign of disseminated sclerosis

nystagmus abortive See *eyeball*

oculocardiac reflex thyroid sign (*continued*)
of the eyeballs A moderate slowing is normal (not over five to ten beats) but if the rate is slowed ten or more the reflex is said to be exaggerated and when marked increase in the rate follows ocular compression the reflex is said to be inverted.

oculocardiac reflex inverted When the eyeballs are compressed slowing of the rate of the heart results Under normal conditions a slowing of the rate occurs of approximately five to ten beats per minute If acceleration of the rate results from ocular compression the reflex is then said to be inverted This reflex is most frequently employed in cases of tachycardia and may rarely be of value in cases of singultus (hiccough)

oculocephalogyric reflex In the process of focalizing vision upon anything the reflex consists of the associated movements of the eye head and body

oculoglandular syndrome See *Parinaud s syndrome*

oculomotor reflex Same as *Aschner s* which see

oculopharyngeal reflex This is met with especially in children from a few months of age up to and occasionally a little beyond puberty It is unusual in adults and they manifest signs of marked parasympatheticosthenic condition and hypo thyroidism interpreted as a reflex of striking vagotonia. Such individuals usually manifest hypotonia of the endocrine sym pathetic system and dominance of the parasympathetics It is bel ved that the trigeminus is the path of the centripetal stimulus while the motor centrifugal pathway is by way of the nerves of deglutition In tho e susceptible the reflex occurs at the moment any solution is instilled into the conjunctival sac The response consists in the production of movements of rapid deglut tion and the spontaneous closing of the eyes without contract on of the orbicularis muscle Ocular disease may or may not be present nor does the character of the solution instilled have any influence on the reflex which may also be induced by touching the bulbar conjunctiva with a glass spatula Temperature influences the response it being greater at lower than at higher temperatures The bulbar con junctiva is more sensitive and the response more acute than when the palpebral conjunctiva is stimulated

Odienet s sign So called hydatid echo sign For details ee *echo sign*

obstruction intestinal See under *intestinal*

obturator sign of appendicitis For complete description see under *appendicitis*

ocular convergence and pulse acceleration

Ruggeris reflex or sign In irritated states of the sympathetic nervous system as in exophthalmic goiter strong attempts to converge the eyes upon a close object results in pulse acceleration

ocular and lid movements in diphtherial paralysis

Widowitz sign A prominence of the eyeballs which with the eyelids manifest sluggish movement in the paralysis of diphtheria (Authors Note—This is not quite the same thing as Cantelli s sign known also as the 'doll s eye' sign which however may likewise be a sign of paralysis in diphtheria)

oculoauricular

Brickner s sign Oculoauricular associated movements are diminished in impairment of function of the facial nerve

oculocardiac reflex

Aschner s sign With the lids closed pressure made upon the eyeballs normally causes moderate cardiac inhibition with a slowing of the rate of from five to ten beats (Authors Note—The classical experiment of Goltz in which reflex and similar inhibitory effects upon the heart rate can be obtained by firm pressure of the thumbs over the carotid sheath about the middle of the neck Robinson and Draper assert that pressure upon the right nerve is more liable to produce standstill of the heart while pressure upon the left nerve may result in block The S A node is more readily affected than the A V conduction hence S A block with cardiac standstill is more apt to follow compression of the right nerve than is A V block to occur when the left nerve is compressed These apparent differences are probably dependent upon the rate of auricular contraction. In paroxysmal tachycardia it is sometimes possible to effect a slowing of the rate by means of this ocular or direct vagal pressure)

thyroid sign In individuals whose thyroid is overfunctioning a fall in systolic pressure and a retardation of pulse rate may follow an injection of thyroid extract or thyroxin At the same time the oculocardiac reflex persists This reflex consists in a slowing of heart rate attendant upon compression

ophthalmology (*continued*)

ciliospinal reflex Which see
conjunctival reflex Which see
consensual light reflex Which see
corneal opacities See *Brunati s sign*
corneal reflex Which see
corneomandibular reflex Which see
cutaneous pupillary reflex Which see
death signs of See the signs of *Larcher* and *Ripault*
diabetic coma See *Piesman s sign # 2*
doll s eye sign Which see
embolism of optic chiasma See *Wernicke*
emergency light reflex Which see
exophthalmic goiter Which see
eye syndrome of brittle bones and blue sclera See under *syndrome of*
eye closure reflex Which see
eyeball abortive nystagmus See *Wilder s sign*
eyeball compression reflex See *oculocardiac reflex*
eyelid pigmentation See *Tellais sign*
facial neuralgia See *Seeligmuller s sign*
facial palsy See *Legendre s sign*
focal visualization Which see
frontal sinus obstruction See *Ewing s # 2*
hemiplegia See the *orbicularis sign* and also *Prevost s sign.*
hippus See *pupillary reflex*
infraorbital shadow Which see
lacrimal reflex Which see
lenticular capsular degeneration See *senile reflex*
lid reflex See *corneal reflex*
meningitis tuberculous See *Skear s sign*
miotic pupil See *Argyll Robertson*
myopic reflex Which see
nystagmus Which see
ocular and lid movements in diphtherial paralysis See *Widowitz*
ocular convergence and pulse acceleration Which see
oculoauricular sign Which see
oculocardiac signs or reflexes Which see
oculomotor paralysis See *Weber s sign*
oculopharyngeal reflex Which see

Oliver

1 Tracheal tug Objective sign or physical ign so named because the sign is one which can be seen felt or heard by the examiner Met with in some cases of aneurysm of the upper portion of the thoracic aorta, especially of the saccular type met with in syphilis Ref —Oliver W S Physical Diagnosis of Thoracic Aneurysm Lancet, 1878, pt 2 p 406

2 If a tumor is found anterior to the uterus in the case of a young single woman especially it is most likely to be a dermoid cyst Same as *Olshausen s sign*

Olshausen If a tumor is found anterior to the uterus in the case of a young single woman especially it is most likely to be a dermoid cyst Same as *Oliver s sign # 2*

Onanoff s reflex Which is said to suggest the presence of dementia praecox in the male When the glans penis is compressed a reflex contraction of the bulbocavernous muscle is said to result This is also known as *Onanoff s sign*

Oppenheim

1 Met with in spastic conditions of the legs This sign is elicited by striking the median surface of the leg posteriorly from the upper posterior portion of the tibia downward This causes contraction of the tibialis anticus extensor hallucis longus extensor digitorum communis, and in some instances also the peroneal muscle Known also as *Oppenheim s reflex*

2 This occurs in organic hemiplegia The examiner grasps the anterior and external aspect of the tibia making firm pressure with the thumb and fingers from above downward whence the big toe assumes dorsal extension Normally if the big toe responds at all it does so by plantar flexion This sign is a variant of *Gordon s reflex*

ophthalmology

accommodation reflex Which see
amaurotic family idiocy See *Tay s sign*
anesthesia See *Wood s sign*
anisocoria Which see
aortic regurgitation See *Landolfi s sign*
asthenocoria Which see
attention reflex of the pupil See *Pilt s reflex*
bowed head sign Which see
ciliary reflex Which see

ophthalmology (*continued*)
- ***ciliospinal reflex*** Which see
- ***conjunctival reflex*** Which see
- ***consensual light reflex*** Which see
- ***corneal opacities*** See *Brunati s sign*
- ***corneal reflex*** Which see
- ***corneomandibular reflex*** Which see
- ***cutaneous pupillary reflex*** Which see
- ***death signs of*** See the signs of *Larcher* and *Pipault*
- ***diabetic coma*** See *Piesman s sign # 2*
- ***doll s eye sign*** Which see
- ***embolism of optic chiasma*** See *Wernicke*
- ***emergency light reflex*** Which see
- ***exophthalmic goiter*** Which see
- ***eye syndrome of brittle bones and blue sclera*** See under *syndrome of*
- ***eye closure reflex*** Which see
- ***eyeball abortive nystagmus*** See *Wilder s sign*
- ***eyeball compression reflex*** See *oculocardiac reflex*
- ***eyelid pigmentation*** See *Tellais sign*
- ***facial neuralgia*** See *Seeligmuller s sign*
- ***facial palsy*** See *Legendre s sign*
- ***focal visualization*** Which see
- ***frontal sinus obstruction*** See *Ewing s # 2*
- ***hemiplegia*** See the *orbicularis sign* and also *Prevost s sign*
- ***hippus*** See *pupillary reflex*
- ***infraorbital shadow*** Which see
- ***lacrimal reflex*** Which see
- ***lenticular capsular degeneration*** See *senile reflex*
- ***lid reflex*** See *corneal reflex*
- ***meningitis tuberculous*** See *Skear s sign*
- ***miotic pupil*** See *Argyll Robertson*
- ***myopic reflex*** Which see
- ***nystagmus*** Which see
- ***ocular and lid movements in diphtherial paralysis*** See *Widowit*
- ***ocular convergence and pulse acceleration*** Which see
- ***oculoauricular sign*** Which see
- ***oculocardiac signs or reflexes*** Which see
- ***oculomotor paralysis*** See *Weber s sign*
- ***oculopharyngeal reflex*** Which see

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ophthalmology *(continued)*

ophthalmoscopic signs of death See signs of *Salsbury* and *Melin*

optic tract disease See *Wernicke*

orbicularis oculi muscle See *Piltz s sign*

pancreatic insufficiency See *Lowy s sign*

paralysis See *Negro s sign # 1*

paralysis of the face peripheral See signs of *Dutemps* and *Cestan*

paretic dementia See *Crichton Browne*

pupil unilateral dilation of See *Tournay s sign*

pupillary contraction bilateral See *Haab s reflex*

pupillary contraction reflex Which see

pupillary dilation and contraction See *Somagyi s sign*

pupillary dilation reflex See *Bechterew s # 4*

pupillary light reflex Which see

pupillary paradoxic reflex Which see

pupillary reflexes Which see

pupillary sign in nervous and mental diseases See *Barre s sign*

retina red reflex of See *red reflex*

retinal reflex See *light reflex # 2*

retinal reflex in children Which see

ruptured ectopic pregnancy See *Salmon s sign*

scotoma Which see

senile reflex Which see

shot silk retinal reflex See under *retinal*

sinus thrombosis See *Crowe s sign*

skew deviation See *Hertwig Magendie*

sympathetic irritability See *Puggers*

syphilis cerebral See *Saenger s sign*

syphilis congenital See the following signs *Henrebert s Hutchinson s # 1 and # 3*

tabes dorsalis See *Gower s sign*

thrombosis of optic chiasma See *Wernicke*

trypanosomiasis Americana See *Romana s sign*

upper lid lag in exophthalmic goiter See *Graefe s sign*

vagal instability with pupillary phenomenon See *Somagyi s sign or reflex*

ophthalmoscopic signs of death For details see *death ophthalmoscopic sign of*

Oppolzer This is elicited upon palpation over the position of the apex beat of the heart in serofibrinous pericarditis The position of the apex beat changes with changing positions of the patient from side to side

optic chiasma embolism or thrombosis of

Wernicke s hemiopic sign This is a sign especially of a lesion in one or other optic chiasm and does not occur when the lesion involves the occipital lobe An isolated lesion in the chiasm may cau_e a lateral hemiopia but in the vast ma jority of instances the lesion is sudden in origin embolic or thrombotic and occurs in the tract of one or other side There is a loss of both right or left visual fiel ls (lateral homonymous hemianopsia) the actual le ion being on the side opposite to the dark fields In hemianopsia from injury or di ease of the optic tracts contraction of the pupil follows only when a pencil of light rays is directed upon the functional half of the retina When directed upon the blind half the pupil will not contract The lesion is one occurring at the corpora quad rigemina or in the tract between this and the optic chiasm This sign was foreshadowed by Von Graefe but described first by Wilbrand of Berlin in 1881 by Wernicke in the Forts h der Med 1883 and by Seguin (Journal Nervous an l Mental Diseases 1887)

optic tract disease See *Wernicke*

opticofacial reflex Known also as the *winking reflex* It is e sent ally a defens ve mechanism and cons sts of su l len and more or less forcible closure of the eyelids when any object is brought unexpectedly within the field of vision

orange peel sign Call d by the French Signe de Peau d Orange A sign employed in the recognition of lipomas When such a tumor is compressed between the thumb and finger the overlying skin becomes irregularly dimpled by the downward traction of the fibrous vertical trabeculae

orbicularis oculi muscle

Pilcz s sign Known also as the Westphal Pilcz phenomenon Occurs whenever the tension of the orbicularis oculi muscle is increased It consists of contraction followed by dilation of the pupil after forceful closing of the lids

orbicularis sign This occurs in hemiplegia The patient is unable to clo e the eye on the paralyzed side without closing tl e oppo site eye

orthopedics

hip joint flexion See *Thomas sign*

leg cramps painful See *Unschuld s sign*

lumbago and funicular sciatica See *Demianoff s sign*

malignant metastases to spine See *malignancy Wolfson Pe nick Gunther syndrome*

metatarsal arch See *Morton s syndrome*

metatarsal arch inflammation of anterior part Se *Strun sky s sign*

painful shoulder See *cervicobrachial syndrome* also *scalenus anticus syndrome*

sacroiliac disease See *Gaenslen s sign*

sciatica S e the signs of the following *Turyn Van.elli Villarett*

syphilis congenital See *Wegner s sign*

Osler Met with in malignant endocarditis (Subinfective bacterial endocarditis usually due to streptococcus viridans) This sign consists of small often painful erythematous nodules met with on the skin of the hands and feet especially These are also spoken of as *Osler s nodes*

ossicles ear

Bleg s sign In disease of the malleus or incus sounds are only heard by the patient when conveyed by an ear trumpet joined by a catheter in the Eustachian tube

otitis media See *Michelson Weiss sign*

otology For signs reflexes and conditions in otology other than the following reflex phenomena see under *ear nose and throat diseases* and under *otorhinolaryngological reflexes*

auditooculogyric reflex Which see

auditory reflex Which see

auriculocervical nerve reflex Which see

otorhinolaryngological reflexes For signs and conditions other than the following see also *ear nose and throat diseases*

cochleoörbicular reflex See *cochleopalpebral reflex*

cochleopalpebral reflex Which see

external auditory meatus reflex See *Kisch s reflex*

laryngeal reflex Which see

lateral column disease See *bone reflex*

membrana tympani reflex See *light reflex*

middle ear disease reflex S e *Grunfelder s reflex*

otorhinolaryngological reflexes (*continued*)
nasal reflex See *Bechterew s # 1*
oculopharyngeal reflex Which see
palatal reflex Which see
pharyngeal reflex Which see
pneocardiac reflex Which see
pneopneic reflex Which see
Schneiderian reflex See *Bechterew s # 1*
sclerosis disseminated See *bone reflex*
swallowing reflex See *palatal reflex*

otosclerosis
Itard Cholewa sign In otosclerosis anesthesia of the tympanic membrane

Ott s sign See under *appendicitis*

ovarian cysts See under *cysts*

ovary dermoids of
Kuster s sign In dermoids of the ovary a more or less cystic swelling in the median line in front of the uterus
See *Olshausen* and *Oliver s sign # 2*

P

Pagniello Met with in some cases of malaria This sign is elicited by making pressure between the posterior and mid axillary lines in the left ninth intercostal space intense pain resulting

painful leg cramps

Unschuld's sign A sign indicative of incipient diabetes consisting of cramps in the calves of the legs (Authors' Note—Cramps in the legs may occur in peripheral neuritis from any cause and they are not uncommon in those having varicose veins In Ireland and occasionally among the English, where excessive amounts of tea are consumed cramps in the legs are said to be a manifestation of this habit They may be also a manifestation of intermittent claudication of Buerger's disease of senile vascular degeneration and of tabes dorsalis It must not be forgotten too that deformities of the feet may invite cramplike pains in the lower extremities) May occur too in vitamin B_1 deficiency

palatal reflex Which is a swallowing reflex induced by stimulation of the soft palate

paleostriatal syndrome Same as *Hunt's striatal syndrome # 1* which see

pallidal syndrome Same as *Hunt's striatal syndrome # 1* which see

pallidomesencephalic syndrome Similar to a Parkinsonian syndrome in which more or less rigidity exists hence marked slowness of motion with retardation of physical and mental reactions In short a bradykinesia.

palliospinal path lesions

Huntington's sign When these are suspected the patient is to be placed in the recumbent position with the legs hanging over the edge of the bed He is then told to cough forcibly If this act results in flexion of the thigh and extension of the leg in the paralyzed limb it is indicative of a palliospinal lesion

palmar reflex This reflex consists of finger flexion when the palm of the hand is irritated

palm chin or palmomental reflex This is elicited when the thenar eminence of the hand is strongly and rapidly irritated by some sharp object as a needle reflex contraction of the mus cles of the chin on the same side then resulting

palmomental reflex See *palm chin*

palmoplantar sign This is the yellowing of the palms and soles occurring in typhoid fever Also known as *Filipovit h s sign*

palsy facial

Legendre s sign In facial palsy the greater resistance on the unaffected side as compared with the paralyzed side when the examiner attempts to raise the closed eyelids

Pancoast s syndrome This syndrome results from tumors occur ring in the upper thoracic aperture Thcs neoplasms are bronchogenic in origin and originate from tissue above the dome of the pleura It may also occur in branchial cleft cancer sympathicoblastomas and in lymph node metastases in the supraclavicular fossa. The syndrome consists of (1) symptoms resulting from pressure on the brachial plexus paresthesias and paresis of the arm of the affecte l side (°) sympathetic phenomena due to pressure *Horner s syndrome* ( ) symptoms re ulting from rib invasion

Rarely a lateral aberrant thyroid may be the site of a cervical tumor (Authors Note—This syndrome has been seen by the authors in a luetic gumma occurring in the extreme apex of the right lung

Th s syndrome was described by the late Dr H K Pan coast former radiologist to the University of Pennsylvan a as the suprasul us tumor

pancreatic insufficiency

Lowy s sign In pancreatic insufficiency marked dilation of the pupil results when adrenalin is instilled into the conjunc tival ac

pancreatitis acute

Gray Turner sign In acute pancreatitis local discoloration of the skin in the loin may occur Also known as *Turner s sign*

pancreatitis acute and ruptured ectopic pregnancy See *Cul len s signs # 1* and *# 2*

paradoxic flexor reflex Gordon s reflex. This occurs when the motor tracts of the cord are involved and is characterized by

paradoxic flexor reflex (*continued*)
extension of the great toe when sudden firm pressure is made over the deep flexor muscles of the calf of the leg

paradoxic patella reflex As the name implies this is a patella tendon reflex When the patient is recumbent a short sharp blow with a percussion hammer on the patella tendon contracts the adductor muscles When the leg is forcibly flexed and immediately relaxed contraction of the anterior muscles occurs

paradoxic pupillary reflex See under *pupillary*

paradoxical pulse

Kussmaul s sign # 4 In adherent pericarditis the weakening of the pulse during inspiration

paralysis agitans syndrome Same as *Hunt s striatal syndrome # 3* which see

paralysis cervical sympathetic

Tournay s sign This sign consists of a unilateral dilation of the pupil of the eye on extreme external lateral fixation The dilation begins after an appreciable length of time estimated at three to five seconds following the extreme abduction and persists during the period of abduction Hippus is not unusual This sign is said to be a constant accompaniment in Horner s syndrome This syndrome follows paralysis of the cervical sympathetic and consists of myosis ptosis enophthalmos and the absence of sweating on the affected side Tournay s publication appeared in 1927 and it is said by Frances Chetti that Gianelli had previously described Tournay s sign

paralysis of the diaphragm See under *diaphragm*

paralysis diphtherial

Widowitz s sign A prominence of the eyeballs which with the eyelids manifest sluggish movement in the paralysis of diphtheria (Authors Note—This is not quite the same thing as Cantelli s sign also known as the doll s eye' sign which however may likewise be a sign of paralysis in diphtheria)

paralysis of the eyeballs

Negro s sign # 1 When paralysis of the eyeballs occurs and the globes are directed upwards exaggerated movement of the eyeball will occur on the side more severely affected by the paralysis

paralysis facial

Straus sign When pilocarpin is injected into an individual with facial paralysis of central origin no difference results in the degree of perspiration induced on the two sides In facial paralysis of peripheral origin perspiration on the paralyzed side is markedly increased

paralysis of the face peripheral

Bordier Frankel sign A rolling motion of the eye upward and outward on the affected side

Charcot s sign # 1 Peripheral facial paralysis in which the eyebrow on the affected side is raised In facial contraction the eyebrow of the affected side is lowere l

Dutemps Cestan sign This sign occurs when the paralysis is complete Under such conditions when the patient s vision is directed straight ahead and he endeavors slowly to close both eyes there is a slight upward movement of the upper lid on the paralyzed side due to the action of the levator palpebrae superioris

paralysis of the facial nerve

Revilliod s sign This sign consists of the inability to close the eve upon the affected side

paralysis functional

Beevor s sign In this condition the sign consists of the inability on the part of the patient to inhibit the antagonistic muscles

paralysis of the leg

Strumpell s sign # 1 Known also as the *tibial phenomenon* This sign is met with in paralysis of the leg and consists of dorsal flexion of the foot when the attempt is made by the patient to flex the thigh upon the trunk

Strumpell s sign # 2 Dorsal flexion of the great toe in paralysis of the leg

paralysis oculomotor

Weber s sign Hemiplegia on the one side with paralysis of the oculomotor nerve the third cranial nerve on the other side

paralysis organic

Babinski s sign # 6 In this condition the so called pro nation s gn occurs when the paralyzed forearm placed in supination more or less promptly becomes pronated

paralysis organic *(continued)*

Hellbronner s sign In organic paralysis in consequence of lack of muscular tone the affected thigh spreads out, becomin broader and flatter than its fellow, when the patient is supine upon a firm base This differentiates this condition from functional or hysterical paralysis

paralysis spastic

Joffroy s reflex Must not be confu ed with Joffroy's sign which is met with in exophthalmic goiter In cases of spastic paraly is Joffroy s reflex consists of twitching of the gluteal muscles when pressure is made against the nates

paralysis spastic of the legs In this condition Oppenheim s reflex occurs See *Oppenheim # 1*

paralysis spastic of upper extremities When this condition exists Jacobson s reflex may be elicited For detailed description see *Jacobson s reflex*

paraplegia spastic

anterior tibial sign When the thigh is flexed with force upon the abdomen involuntary extension of the tibialis anticus muscle occurs

paratrigeminal syndrome This syndrome is characterized by fifth nerve phenomena in association with sympathetic involvement Essentially a neuroparalytic ophthalmia in which the sensory root of the trigeminus is chiefly or solely involved Hence the anesthesia of temple cheek lip on the affected side as well as the external portion of the nose with anesthesia of the mucosa of mouth nose eye and tongue on the homolateral side with more or less impairment of taste on the same side and some anosmia Corneal and mouth ulcerations are not uncommon The lesion may be due to syphilis an area of softening, sclerosis in the pons brain tumors or traumatic lesions at the base of the brain

paresis of the radial nerve

Strumpell s sign # 3 Also known as the *radialis sign* Consists of the inability to make a fist without definite dorsal extension of the wrist in paresis of the radial nerve

paresis syphilitic See *Baillarger*

paretic dementia

Crichton Browne In paretic dementia a tremor frequently occurs in *the region of the outer angles of the eyes* and labial commissure

paretic dementia and tabes dorsalis

Biernacki s sign Analgesia in the distribution of the ulnar nerve

paretic muscles

Claude s hyperkinesis Paretic muscles excited by painful stimuli invite reflex movements

paretic states Of the upper extremities particularly peripheral neuritides See *Paimistes sign*

Parinaud s syndrome This is the same as Foville s peduncular syndrome except that the lateral movement of the eyes is pre served even though the eyes cannot be raised or lowered or converged In this case the lesion is situated at the dorsal extremity of the aqueduct of Sylvius It is believed by some observers that the virus of lymphogranuloma venereum is one of the causes of the oculoglandular syndrome of Parinaud

Parke s syndrome This consists of acetonemic vomiting accom panying infantile epidemic acidosis

Parkinson This is the immobile masklike expression of the postencephalitic with or without paralysis agitans

Parkinsonian syndrome This is characterized by masklike face rigidity of arms legs neck and back of the cogwheel type producing the characteristic stooping or hyperextended pos ture festinating gait loss of normal arm swing slowness of movements monotonous speech palilalia oculogyric crisis bradyphrenia hypersalivation and hyperhidrosis

Parrot

1 This sign met with in meningitis cons sts of a dilation of the pupil in pinching the skin of the neck (Authors Note—Dilation of the pupil occurring as a sign of painful stimuli may be utilized in d fferentiating a malingerer and assumed pa n from one suffering genuine pain For instance in the neurotics and in painful conditions of the muscles and indeed wherever definite pain stimulus can be induced the promptness and degree of dilation of the pupil can be accepted as a sign of true pain)

2 In congenital syphil s the f ontal eminences are apt to be exaggerated These are known as Parrot s nodes or the natiform or hot cross bun skull Other nodes may also occur as osseous residues of periosteal and osteomyelitic lesions

Parrot # 2 (*continued*)
especially in tardive cases often with the development of interstitial keratitis

Pastia This occurs in scarlet fever and consists of two or three transverse lines occurring in the fold of the elbow These lines are a bright rose red color when they first appear but later become a darker red or even a maroon color They may be seen before the rash develops and persist through the stage of eruption and even for some time during the period of desquamation known as *Pastia s sign*

patella reflex See *knee jerk*

patella clonus reflex See *ankle clonus reflex*

patella paradoxic reflex See under *paradoxic patella reflex*

patella tendon reflex See *Bu ard s reflex*

patelloadductor reflex To elicit this reflex the quadriceps tendon is struck as in the usual manner with the percussion hammer but crossed adduction of the thigh results provided the tone is heightened or inhibition for any reason is restrained

pathologic
Burger s sign or **Garel s sign** In pathologic states of the antrum of Highmore there is absence of light perception on the affected side when transillumination is practiced

pathologic reflex The significance is supplied by the designation pathologic Such a reflex is one which results under pathologic states as the excessive response in lateral or disseminated sclerosis

Patino Mayer s sign Except in febrile and infectious diseases when *more* than 30 per cent of lymphocytes are obtained in a differential count Mayer deems this suggestive of syphilis especially when the clinical picture is suggestive *In primary* syphilis it develops about a week after the chancre appears In secondary and congenital syphilis lymphocytosis occurs with or without a positive Wassermann reaction Mayer further regards the lymphocytosis as an index of antisyphilitic treatment at first increasing with treatment but decreasing with successful treatment

Patrick sign or **test** Also called the *Fabere sign* See Fabere sign with explanation of this term under that heading

Patton syndrome Same as the *Gowers syndrome # 1* which see

Paul Present in pericarditis with adhesions This sign consists of a feeble or absent apex beat with a forcibl impul e over the remainder of the heart area.

Pavor Nocturnus The so called night cry A night terror or shrill cry uttered by a child in sleep It may usher in an acute joint condition as in acute articular rheumatism or rickets and sometimes occurs in children with enlarged tonsils and adenoids

pectoral reflex To elicit this posture is important The arm must be placed midway between abdu tion and adduction and the finger of the opposite hand is placed over th muscle tendon at the distal end of the humerus A short sharp impulse made with the percussion hammer upon this finger causes slight internal rotation and adduction

pediatric reflexes

embrace reflex Which see
fascial reflex Which see
genital reflex Which see
middle ear disease reflex See *Grunfelder s reflex*

pediatrics

adherent pericardium See *Griesinger Kussmaul*
angiomatous tumor of retina See *Lindau s syndrome*
birth palsy or inflammation near base of skull See *atlo axial dislocation syndrome*
bronchial lymph node enlargement See the signs of *D Espine # 1 Schick Smith*
cerebellar disease in childhood See *Hahn s sign*
cerebrospinal meningitis See *Lafora s sign*
congenital abnormalities See *Ellis van Creveld syndrome*
congenital sarcoma of liver and suprarenal gland See *Pepper s syndrome*
differential sign See *Grisolle s sign*
diphtherial paralysis See *Widowitz s sign*
exanthemata See *F pond s sign*
German measles Which see
harsh inspiratory murmur over left lung in normal infants and children See *Lowenburg s sign*
infantile scurvy Which see under *scurvy*
intracranial tension See *MacEwen s sign*
leg phenomenon See *Schlesinger s sign*

pediatrics (*continued*

mastoid destructive disease in See *Granger s sign*
mastoiditis suppurative See *Hellat s sign*
measles Which see
mechanical grip Which see
mental deficiency See *Masini s sign*
mouth and hand synkinesia See *Saunder s sign*
mulberry teeth Which see
mumps Which see
night cry Which ee
pleuritic effusion See *Greene s sign*
pneumonia in infancy See *Weill s sign*
poliomyelitis See *Morquio s sign*
retro auricular intertrigo See *Kugelmass sign*
rickets Which see
scarlet fever Which see
signs of disease in children See *Jadelot s sign*
Smith s sign See *Eustace Smith # 1*
spasmophilia Which see
stillbirths See *Wreden s sign*
syphilis congenital Which see
tetany Which see
tuberculosis of childhood See *Hochsinger s sign # 1*

Pel Ebstein syndrome Same as *Murchison Sanderson syndrome* which see

Pellizzi s syndrome Same as *epiphyseal syndrome* which see

pelvis fracture of

Coopernail s sign In fracture of the pelvis small extrava sations of blood occur on the perineum and on the scrotum or labiae

Pende Said to characterize hypoadrenia This sign consists in the development of gooseflesh after rubbing or irritating any skin area. Also called *pilomotor reflex*

penile reflexes These are described as *Hughes reflex* and *bulbo cavernous reflex* For details ee under these headings

penile reflex in dementia praecox

Onanoff s reflex In this condition when compression of the glans penis is made reflex contraction of the bulbocav ernous muscle results

Pepper s syndrome This was described by Dr Wm Pepper (later Dean of the Medical School of University of Pennsyl

Pepper s syndrome *(continued)*
vania) in 1901 in ca es of congenital sarcoma of liver an l suprarenal gland The syndrome consists of ab lominal swell ing at or shortly after birth rapidity of tum r growth u ually occurring in the femal relative absence of pain and fever and rapid course to a fatal i sue in from two weeks to four months

perception reflex In any instance in which an individual sud denly becomes conscious of a perception an involuntary reflex response occurs which may be limited to the head or even be more widespread

percussion dullness

Ewing s sign # 1 In pericardial effusions of any character an area of dullness on percussion will be found in the region of the inner side of the inferior angle of the left scapula. (This is very similar to a sign described by Bamberger in peri ardial effusion *Bamberger # 2*)

Roth s sign This consists of percussion dullness between the fifth and sixth costal cartila es to th right of the sternum and may be present in ases of pericardial effusion tricu pid stenos s or dilation of the right auricle according to Roth See *Potch s sign*

Perez In aneurysm of the aortic arch and in mediastinal tumors a friction sound may be heard on auscultating over the sternum while the patient raises and lowers his arms

pericardial effusion

Auenbrugger s sign When effusion is extensive it is a com panied by prominence of the epigastrium (Authors Note—This condit on is also apt to be a sociated with downward displacement of the liver and abdominal se tion has been per formed in such cases under the mi taken notion that disease of the liver or bil ary tract existed)

Bamberger s sign # 2 In pericardial effusion the presence of an apparent consolidation of the lung in the region of the angle of the scapula on the left side which disappears when the patient leans well forward or lies prone

Ebstein s sign In moderately large and massive peri ardial effusions the cardiohepatic angle becom s obtuse instead of being acute or right angled which is the normal condition

Ewart s sign # 1 In p ricardial effusion the marked prom inence of the sternal end of the first rib Th s only occurs when the effusion is large

pericardial effusion (*continued*)

Ewart's sign # 2 In pericardial effusion an area of percussion dullness and bronchial breathing within the inferior angle of the left scapula due to compression of the lung See *Ewing's sign # 1* and *Bamberger's sign #**

Ewing's sign # 1 In pericardial effusions of any character an area of dullness on percussion will be found in the region of the inner side of the inferior angle of the left scapula This is very similar to a sign described by Bamberger in pericardial effusion

Hoover's sign # 2 In pericardial effusions of any magnitude diminished expansion of the chest is apt to occur because of interference of movements of the diaphragm The left costal border may remain stationary instead of moving outward during inspiration

Rotch's sign This consists of percussion dullness in the right fifth intercostal space

Roth's sign This consists of percussion dullness between the fifth and sixth costal cartilages and may be present in cases of pericardial effusion tricuspid stenosis or dilation of the right auricle according to Roth

Sansom's sign # 1 In pericardial effusion there is considerable increase in the transverse area of dullness in the second and third left intercostal spaces

pericarditis

Pins sign When in pericarditis pain simulates an acute pleuritis the sign consists of a disappearance of the pain when the patient assumes the knee chest posture

pericarditis acute

Josseraud's sign In acute pericarditis a loud metallic sound heard on auscultation over the pulmonic area

Warthin's sign The exaggerated breath sounds heard in acute pericarditis

pericarditis adherent

Bouillaud's sign # 2 A permanent retraction in the precordial region

John Broadbent's sign *The systolic tug of the 11th left* posterior interspace

Cejka's sign This is suggested by an absence of change in the area of cardiac dullness during the different phases of respiration

pericarditis adherent (*continued*)

Fisher s sign *In cases of adherent pericardium it is some times possible to hear a presystolic murmur*

Friedreich s sign # 1 In adherent pericardium the diastolic collapse of the cervical veins This sign is explained by Fried reich as the result of acceleration of the return circulation due to traction exercised by the diaphragm the lungs and the pericardial adhesion following systole It is of less value however than Friedreich believed

Griesinger-Kussmaul s sign In adherent pericardium the o-called pulsusparadoxsus may be met with. First described by Griesinger in 1854 and more fully by Kussmaul in 1873 The sign consists of diminution of the pulse up to the point of complete suppression during inspiration. Kussmaul ex plained this as being due to adhesions between the aorta and sternum During inspiration the expansion of the chest makes traction upon the aorta and thus narrows it More recently pulsusparadoxsus has been noted in large pleural effusions and in stenosis of the larynx

Heim Kreysig s sign In adherent pericarditis a depression of the intercostal spaces occurs on the left side during cardiac systole Also called *Kreysig s sign*

Kussmaul s # 4 Which see

Paul s sign Present in pericarditis with adhesions This sign consists of a feeble or absent apex beat with a forcible impulse over the remainder of the heart area.

Riess sign In this condition the heart sounds may be heard *of metallic quality on auscultation directly* over the stomach

Sander s sign A wavelike cardiac impulse particularly in the epigastric region in this condition

pericarditis adherent (of the second type)

Sir William Broadbent sign Adhesions to the diaphragm result preventing descent of the diaphragm during deep in spiration hence no visible movement in the epigastrium

pericarditis adhesive See *Gouley s syndrome*

pericarditis chronic adhesive

Wenckebach s sign This sign is best observed on the lateral view of the thorax In the absence of respiratory movements no abnormality may be noted but on deep inspiration the chest outline will be more or less deformed (Authors Note— This is practically another phase of *Sir William Broadbent s* sign)

pericarditis chronic adhesive *(continued)*

Williams sign # 2 In chronic adhesire pericarditis the sign consists of diminished expansion of the left lung

pericarditis mediastinal

Kussmaul s sign # 2 In mediastinal tumors and in medi astinal pericarditis, the excessive fullness of the jugular veins on inspiration

pericarditis serofibrinous

Oppolzer s sign This is elicited upon palpation over the position of the apex beat of the heart in serofibrinous peri carditis The position of the apex beat changes with changing positions of the patient from side to side

pericardium

apex beat See *Paul s sign*
auscultation See *Josseraud s sign*
bulging epigastrium See *Auenbrugger s sign*
cardiac dullness See *Cejka s sign*
cardiohepatic angle See *Ebstein s sign Potch s* and *Poth s signs*
cavity formation See *Gerhardt s sign*
diastolic collapse See *Friedreich s sign*
diminished expansion See *Williams # 2* and *Hoover s # 2*
intercostal depression See *Heim Kreysig*
intercostal dullness See *Sansom s # 1*
lung consolidation See *Bamberger s # 2*
mediastinal tumors See *Kussmaul s # 2*
murmur See *Fisher s sign*
pain simulating acute pleuritis See *Pins sign*
paradoxical pulse See *Kussmaul s # 4*
percussion dullness See *Ewing s # 1* and *Poth s sign*
retraction See *Bouillaud s # 2* and the sign of *Sir William Broadbent* and of *John Broadbent*
sternal prominence See *Ewart s sign*

perigastritis

Rosenheim s sign In the presence of perigastritis a friction sound may be heard in the left hypochondrium (Authors' Note—A similar friction sound may be heard in the left hypo chondrium in perisplenitis)

periosteal reflex This is essentially a proprioceptive reflex de scribed under *bone reflex* In exalted nervous states as in

periosteal reflex (*continued*)
lateral column disease of the spinal cord the reflex reception is more pronounced though necessarily less marked than the tendon reflex is in this condition

peripheral nerve division of

Tinel s sign Known also as the *distal tingling on percussion sign* and *formication sign* It is elicited when percussion is made over the region of a divided nerve The tingling sensa tion resulting in the distal portion of the limb suggests regen erati n of the nerve

peripheral nerve lesion See *unequal nares sign*

peripheral neuritis posterior See under *neuritis*

peritonitis

Blumberg s sign In peritonitis from any cause a short sharp pain is felt by the patient when pressure is made over McBurney s point and the pressure is suddenly released

peritonitis diffuse

Simon s sign # 1 When for any reason the umbilicus is fixed or retracted during inspiration it is known as Simon s sign It may occur as any early sign of diffuse peritonitis

Thomayer Robertson sign In diffuse peritonitis the omen tum contracts and draws up to the left side of the abdominal cavity Hence when the patient is recumbent the right side is tympanitic and the left is dull. This sign therefore offers to some extent a differential diagnosis between inflammatory and noninflammatory abdominal effusions

peritonitis purulent

Madelung s sign In purulent peritonitis the rectal tem perature is so much h gher than the axillary as to constitute a suggestive sign in this condition

peroneal reflex When the peroneal muscle is tense for any rea son which is the case when the foot is inverted a tap on the muscle results in a reflex movement

Pfuhl A different al diagnosti s gn in the absence of paralysis of the diaphragm between subpl renic abscess and pyopneumo thorax After paracentes s the force of the flow through the needle increases during inspiration in the case of the sub phrenic abscess but inspiration diminishes the flow in a case of pyopneumothorax.

Pfuhl Jaffe In pyopneumothorax after thoracentesis or incision the pus escapes with definite force during inspiration whereas in true pneumothorax the air escapes with inspiration

pharyngeal reflex Any stimulus applied to the pharynx results in an attempt to swallow This is one of the reflexes which must be temporarily paralyzed in any tonsil operation

phasic reflex This is the normal response to stimulation which is manifested by coordinated movement

phrenogastric syndrome of coronary disease This syndrome consists of evidence of acute coronary thrombosis with or without characteristic electrocardiographic changes of a coronary lesion and the phrenogastric phenomena — elevation of the left side of the diaphragm frequently associated with aerogastria or aerogastrocoly Roentgenologically these latter may be as marked as in a case of phrenicectomy on the left side (Authors Note—This phrenogastric syndrome may prove of significance in cases of so called silent coronary disease In all such cases an electrocardiogram is indicated This syn drome may possibly be due to reflex irritation by way of the phrenic nerve in its anatomic relation with the pericardium This syndrome was described by Laubry Soulié and Heim de Balsac)

phthisis pneumonic

Jurgensen s sign In acute pneumonic phthisis a fine crepi tation due to pleural tubercles may be heard on auscultation

piano percussion sign of Murphy Small quantities of fluid or exudate particularly occurring in appendicitis For complete description see *appendicitis*

Picchini s syndrome This syndrome is caused by trypanosomia sis and is characterized especially by multiple serous membrane involvements as the meninges of brain and cord, synovial sheaths tunica vaginalis pericardial pleura and peritoneal serosa of the diaphragm

Pick s syndrome

1 This syndrome known variously as pseudohepatic cirrhosis Pick's disease Concato's disease multiple serositi and polyorrhomeniti is chara terized by effusions in the serous cavities with cyanosis evidence of cardiac decom pensation and ascites The lesion may be dominantly a mediastinitis an adhesive pericardium a chroni hyperplastic

Pick s syndrome # 1 (*continued*)
perihepatitis or the so-called 'zuckerguss leber' of Cursch mann because of its resemblance to a sugar icing upon the liver

2 Progre sive dementia with more or less aphasia the result of cerebral atrophy

Pilcz Known also as the *Westphal Pilcz phenomenon* Occurs whenever the tension of the orbicularis oculi muscle is in creased It consists of contraction followed by dilation of the pupil after forceful closing of the lids

pilomotor reflex This is essentially common gooseflesh which may result from sudden chilling of the skin or from super ficial irritation of the skin or may result from strong emo tional stimuli

Piltz s reflex This is known also as the *attention reflex of the pupil* which see

Pinard After the sixth month of pregnancy when sharp pain results on pressure over the fundus of the uterus it is believed to foreshadow a breech presentation

Pins When in pericarditis pain simulates an acute pleuritis the sign consists in a disappearance of the pain when the patient assumes the knee chest posture

Piotrowski Known also as the *anticus sign* Percussion of the tibialis anticus muscle induces dorsal flexion and supination of the foot When the response is very pronounced it indicates di ease of the central nervous system

Pitfield s sign

1 Ascites Dr Robert L Pitfield suggests that the patient be in the sitting position When the fluid is free to move it will thus gravitate downward make pressure upon the entire circumference of the abdominal wall and float the intestine upward thus lessening absorption of percussion im pulses By percuss on of one of the quadrati muscles and palpating the anterior abdominal wall small amounts of fluid can thus be detected by the imparted vibrations or tremors

2 Pleural fluid Dr Robert L Pitfield wisely quotes Nell s B Foster as follows Physical signs over fluid are variable to an extreme and there is no combination of them which invariably indicates fluid This is very true Both x ray stul es and physical examinations are sometimes d s appointing Though diagnostic puncture is as a rule the only

Pitfield s sign # 2 (*continued*)
absolute criterion at times the needle becomes plugged by fibrin or other particulate matter or the fluid is purulent and too thick to escape through a large puncture needle Another difficulty sometimes interposes when the fluid is present in discrete pockets or sometimes encysted in a single pocket under which circumstance it may be under more or less pressure even producing a local deformity to the palpating hand These facts well known to Dr Pitfield led him to suggest the following sign

'If the fluid in the pleural sac is above a trifling amount (400 cc) percussing the area over it posteriorly with the slightly flexed fingers will cause repercussions or vibrations to be felt easily by the fingers of the other hand pressed against the lumbar vertebrae If both sacs contain fluid waves produced on one side will not be transmitted to the other side They will not cross the mediastinum If the sac on one side is so distended with fluid that it is pushed over to the other side of the spine producing the paravertebral triangle of dullness (Grocco s sign) percussing the fluid on the suspected side will produce vibrations in the triangular area If the chest wall is bulged by an excess of fluid the phenomenon is more marked because of the increased tension of the liquid and repercussions will be detected like those felt on a drum head

In consolidation of the lung without effusion this sign fails The sign must be elicited with the patient sitting upright The weight of the fluid in its dependent position when not encysted is responsible for the vibrations which give the impression of a marked tremor When the patient is leaning forward in the sitting position vibrations in the quadratus are produced in the opposite side to the effusion due to vibration of the diaphragm This only occurs when the effusion is massive From the diaphragm the vibrations are transmitted to the last rib and to the quadratus since one of the insertions of the quadratus is to the last rib through the arcuate ligaments

The upper level of the fluid may be determined by this method If one percusses over fluid beginning at the top percussing downward and palpating the muscle at the same time the vibrations will begin to be felt when this level is reached This method seems to be reliable in denoting this With a cannula in the chest fluid proving its presence I

Pitfield's sign # 2 *(continued)*
found that by lowering the level from a previously determined top by evacuating 30 cc the fluid diminished the width of two vertebrae noted again by percussing the chest and palpating the quadratus The method not only will locate the extent of the effusion but will detect it as well. In this case the film of fluid between the ribs and the lung must have b en very thin because 30 cc covered the entire width of the lung It appears from this observation that the method will prove the presence of very small amounts of fluid

(Authors Note—In private practice paracentesis imposes an even greater responsibility than in hospital service for obvious reasons It is important therefore that both student and practicing physician exercise the greatest diagnostic care in order to obviate as far as possible embarrassment incidental to failure

(When an effusion is recent even though small in amount it is associated with tension of the overlying wall Thus may be true even in long standing effusions when the amount of fluid is very large whether this be inflammatory or hydrostatic It is th inflammatory exudate, however which is most apt to impart to the trained palpating hand a sense of fullness and tension. Ordinarily in long standing effusions whether inflammatory or hydrostatic this feeling of fullness and tension becomes progressively less marked and often fails In practicing percussion the fundamental physical principle underlying the transmission of sound must not be overlooked If this is borne in mind it will be evident that superficial percussion will prove far more valuable than deep percussion and only in fluids free to move will change in the line of percussion dullness be possible

(Palpation we believe is not employed quite as much as is justifiable The palpating hand will determine the lag on the affected side when the two sides are compared or an absolute immobility Further it will detect local or general fullness more or le s obliteration of the interspace and more or less plus tension bearing in mind the difficulties referred to above between recent and long standing effusions The transmission of the spoken or wh spered voice sound is not an absolute criterion for in some instances these may be transmitted giving the impre sion of a consolidation Nor is the transmission of breath sounds when these are present any proof that

Pitfield s sign # 2 (*continued*)
fluid does not exist These uncertainties are the factors which make an absolute diagnosis of an effusion a matter of con siderable difficulty at times and at the same time they increase the necessity for care in the physical examination and when in doubt justify the further aid of an x ray study, though, as has been said, this too may fail

(In a further communication Pitfield calls attention to the abolition of upper vibrations when the patient takes a long breath and holds it Under these conditions the inflated lung presses upon the tense diaphragm and damps all vibrations He further adds that if consolidation or a neoplasm in the lower lobe exists under a layer of fluid a similar tenden y to quenching of the vibrations occurs in the same way as in the case of the inflated lung Adhesions attached to the lung and diaphragm may also militate against vibrations)

Pitres

1 In tabes dorsalis the sign consists of hyperesthesia of scrotum and testes

2 The deviation of the sternum in pleural effusion See *plumb line sign* of pleural effusion

pituitary See *Marie s syndrome*

plantar reflexes *Babinski* # 2 which see

Bechterew # 3 In organic nervous affections especially involving the pyramidal tracts tapping the dorsum of the foot with a percussion hammer causes plantar flexion of the foot

sole reflex Under normal conditions when the sole of the foot is irritated contraction of the toes more or less marked results

platysmal reflex Sharp pinching of the platysma myoides resul s in dilation of the pupil (Authors Note—A pain reflex as one induced over McBurney s point in a case of acute appendix or the area of midline tension and tenderness as in gastric and duodenal ulcer when relatively acute also the gallbladder reflex area in the abdominal wall and right trapezius When stimulated these result in dilation of the pupil For details of these reflexes s e under *gallbladder duodenal* and *ap pendiceal reflexes* It is also of interest to note that pressure over the nerve seat of neuritis will also induce dilation of the pupil In the malingerer this will not occur This is also called the *skin pupillary reflex*)

pleura or lungs See *Louenburg s sign*

pleura or lungs reflex phenomena involving

cardiovascular reflex See the reflexes of *Bainbridge* and *Capp*

Herring Brauer reflex Which see

hypochondrial reflex Which see

irritant vapors reflex See *pneocardiac reflex* and *pneopneic reflex*

lung reflex Which see

pleural reflex of diaphragmatic origin See *diaphragmatic reflex*

pulmonary reflex See under *Abrams*

pulmonary tuberculosis See the following reflexes *viscero motor reflex viscerosensory reflex viscerotrophic reflex*

vagotonic reflex Which see

pleural effusion

Baccelli s sign In serous effusion Baccelli claimed that transmission of the whispered voice occurs when the exudate is serous but not when purulent This is not borne out clinically nor should one expect it to be so when he realizes the greater density of purulent fluid and the fundamental law governing the transmission of sounds

D Amato s sign This sign consists in displacement of the dullness from the vertebral area to the cardiac region when the patient changes from a sitting position to a lateral position and reclines on the side opposite to the pleural effusion This presupposes a freely moving pleural effusion and when the patient assumes the lateral position the weight of the fluid and its displacement are responsible for the changes in dull ness anteriorly impairment developing in the anterolateral inferior aspects on the side opposite to the effusion

Damoisseau In this condition with fluid free to move the upper level of flatness is a curved line known sometimes as the *Ellis line* also as the *Garland letter S curve* and it is also referred to as the *Ellis Garland line* It was first des ribed by Damoisseau in the Revue Medicale 184

Greene s sign In pleuritic effusion percussion will reveal displacement outwards of the free border of the heart by ex piratory movements

Grocco s sign # 1 The so called paravertebral triangle of dullness or Grocco s triangle is a s gn of pleural effusion and

pleural effusion Grocco s sign # 1 (*continued*) is found at the base of the chest opposite the side of the ef fusion Grocco's triangle may also occur in consolidation but it does not disappear when the patient lies on the affected side as does the triangle in cases of pleural effusion free to move (Authors Note—We have found that the upper limit of the paravertebral triangle with the patient in the sitting position is always an appreciable distance below the level of the effusion)

Karplus sign In cases of pleural effusion vocal resonance is so modified that upon auscultation over the effusion when the patient utters the vowel 'u it is heard by the examiner as a

Kellock s sign In pleurisy with effusion an increase in the vibration of the ribs may be imparted to the hand upon sharp percussion over the effusion with the right hand while the left hand is held firmly on the thorax below the mammary area Pitfield s sign is a modification of this

Koranyi s sign For details see *Koranyi s sign* of pleural effusion

Pitres sign # 2 The d viation of the sternum in pleural effusion Same as *plumb line sign*

plumb line sign *This consists in the use of a plumb line* to estimate the degree of sternal displacement in pleural effu ion

Ramond s sign A differential sign. In pleurisy with effusion the sign consists of rigidity of the erector spinae muscle on the affected side When the effusion becomes purulent this rigidity relaxes

Shibley s sign The change in the quality of spoken vowel sounds conveyed to the ear through the stethoscope These assume a broad ah in pulmonary consolidation or when fluid is present in pleural cavity

Sicar s sign The sign consists of a m tallic resonance heard posteriorly when two coins are used as plexor and pleximeter (Authors Note—This is less well known than the more classi cal Sieur s sign or coin test in pneumothorax but in some ca es of pleural effusion the coin sign of Sicar is definitely present)

Skoda s sign In pleural effusion and sometimes in pulmo nary consolidation Skoda s sign may be elicited This consists of a wooden tympanitic sound which develops when percussion is practiced above the involved area.

pleural effusion (*continued*)

Williams sign # 1 In large pleural effusions the sign consists of a dull tympanitic resonance on percussion over the second intercostal space of the affected side In this connection Skodaic resonance must be recalled

Williamson s sign Met with in pleural effusion and in pneumothorax It consists of a definite lessening of blood pressure in the leg as compared with blood pressure in the arm of the same side

Wintrich s sign For change of percussion note in this condition see *Wintrich*

pleural effusion static or inflammatory See *Pitfield s sign # 2*

pleural reflex of diaphragmatic origin For detailed anatomic description see *diaphragmatic reflex*

pleurisy The following signs relate to this condition

Andral s sign
Baccelli s sign
D Amato s sign
Damoiseau s sign
Grocco s sign # 1
Karplus sign
Kellock s sign
Ko anyi s sign
Litten s sign
Pitfield s sign # 2
Pamond s sign
Shibley s sign
Sicar s sign
Skoda s sign
Williams sign # 1
Williamson s sign
Wintrich s sign

pleurisy acute

Pottenger's sign # 1 In inflammation of the pleura and in pulmonary inflammation varying degrees of intercostal muscle rigidity appreciable on palpation

Pottenger s sign # 2B Degrees of resistance over diseased lungs and pleura in contrast with the resistance when these organs are normal

spinal sign In acute pleurisy the tonic contraction of the spinal muscles on the diseased side

pleurisy diaphragmatic

De Mussy s sign Diaphragmatic pleurisy may be suspected when a small area is found in the left hypochondriac region which is exquisitely painful upon pressure

Sternberg s sign Increased sensitiveness of the shoulder girdle mus les met with in diaphragmatic pleurisy

pleurisy plastic

Schepelmann s sign Believed to differentiate plastic pleurisy from intercostal neuralgia In plastic pleurisy pain

pleurisy plastic *Schepelmann's sign (continued)*
becomes greater when the patient's thorax is bent towards the sound side whereas in intercostal neuralgia pain is increased by thoracic deflection to the affected side

pleuritis acute pain simulating

Pins sign When in pericarditis pain simulates an acute pleuritis the sign consists in a disappearance of the pain when the patient assumes the knee chest posture

plumb line sign

Pitres sign # 2 This consists in the use of a plumb line to estimate the degree of sternal displacement in pleural effusion

Plummer Vinson syndrome This was first noted by Plummer at the Mayo Clinic in 1914 and by Kelly and Paterson in England and later by both Plummer and Vinson again at the Mayo Clinic and more recently reviewed by A F Hurst who regards the dysphagia as an achalasia rather than due to spasm of the pharyngoesophageal sphincter

The syndrome consists of glossitis dysphagia and anemia, with or without achlorhydria occurring usually in women and to this Baily has added spoon shaped finger nails (koilonychia) Witts in 1931 said the syndrome is associated most frequently with hypochromic anemia of the microcytic type but he said it is occasionally found in macrocytic anemias and in some gastrointestinal disorders with anemia Witts states his belief that the dysphagia is due to anemia which in turn causes the glossopharyngismus he does not consider it hysterical in origin

It is interesting to note that Suzman has found hyperkeratinization of the epithelium with areas of desquamation and atrophy of subjacent muscular tissue involving the tongue hypopharynx and esophagus He found Auerbach's plexus normal in contradistinction to the opinion of A F Hurst This finding is remarkably suggestive of vitamin A deficiency but no reference to this possibility has been found in the literature

(Authors Note—Evidence of nutritional defect weakness and anemia may have foreshadowed the syndrome for years and it must not be overlooked because in a certain proportion of these cases carcinoma of the mouth and esophagus are apt to occur)

plurlglandular syndrome This is a much abused term It is not concerned with any definite symptoms but refers to any group of endocrinologic symptoms

pneocardiac reflex When an irritant vapor is taken into the air passages changes in rate and rhythm of the heart may result and also reflex circulatory changes as blanching flushing or sweating

pneopneic reflex When irritant vapors are inhaled a variable degree of irritation depending upon the intensity of the irritant and the time of exposure causes the cough reflex changes in respiratory depth and rate and even pulmonary edema and suffocation

pneumatic sign of Hennebert In congenital syphilis when a labyrinthitis occurs compression of the air in the external auditory canal causes rotary nystagmus to the diseased side Lessening of the pressure in the canal causes nystagmus to the opposite side

pneumonia Refer to *Brunati s sign*

pneumonia lobar

Laennec In acute lobar pneumonia in the early phase the rale heard at the end of a full inspiration is called the crepitant râle of Laennec

pneumonia lobar in infants

Weill s sign Occurring in lobar pneumonia in infancy consists of a lack of expansion in the subclavicular region of the affected side

pneumonic phthisis

Jurgensen s sign Tubercles may form on the pleura in acute pneumonic phthisis in which case a fine crepitation may be heard on auscultation.

pneumothorax

Biermer s change of note Which see

coin test Same as *Sieur s sign*

Friedreich s change of note Which see

Gerhardt s change of note See *Gerhardt s # 2*

Sieur s sign In the presence of pneumothorax and occasionally over a large pulmonary cavity the sign consists of a metallic sound heard upon auscultation when silver coins are used as plexor and pleximeter over the air containing cavity

pneumothorax ***Sieur s sign*** *(continued)*
Auscultation is always practiced on a surface opposite to that upon which the coin is applied

Williamson s sign It consists of a definite lessening of blood pressure in the leg as compared with blood pressure in the arm of the same side

poisoning alcoholic Subacute or chronic A palpable tremor known as *Quinquad s sign* which see

poisoning carbon tetrachloride For details see *Frank s sign*

poisoning copper

Corrigan s sign # 3 In chronic copper poisoning a purple line which forms at the junction of the teeth with the gums

poisoning lead

Burton s sign Lead poisoning of chronic type is characterized by a blue line at the junction of the teeth and gums

Gubler s sign In lead poisoning a swelling which occurs on the wrist

poisoning phosphorous See *Frank s sign*

poisoning selenium See *selenium poisoning syndrome*

poliomyelitis

Morquio s sign In epidemic poliomyelitis when the patient is supine he resists all attempts to raise the trunk to a sitting posture unless the legs are passively flexed

poliomyelitis anterior Spine sign At the time of meningeal involvement The knee jerks are usually active and there is slight rigidity of the neck. Patient will rise from the bed by pushing himself up with his hands holding the back stiff When asked to put his head in his lap he cannot do so and complains of pain along the spine when the attempt is made C George Draper refers to the dromedary type J A M A 68 1153 1917 By this he means the two periods first period being characterized by temperature drowsiness and irritability but no meningeal phenomena Then there is an interval of one to five days during which the child seems well Fever returns without the spine sign Tremor recurs with the developing meningeal phenomena

polyglandular syndrome Same as *pluriglandular syndrome*

polyradiculoneuritis syndrome See *Guillain Barré Strohl syndrome*

pontile syndrome of Raymond Cestan See *Cestan s syndrome*

Pool This sign is often referred to as the *arm and leg phenomenon* and is also known as the *Pool Schlesinger sign*. It occurs in tetany and consists of a spasm of the muscles when a mechanical stimulus such as compression is applied to the brachial plexus or to the sciatic Either flexors or extensors will respond depending upon the site of mechanical stimulus

Porter This is essentially the same as *Oliver s sign* the *tracheal tug* of which *Cardarelli s sign* is a variant as well as *Castellino s sign*

postconcussion syndrome This is characterized after a brain injury by a transient loss of or defect in consciousness The patient usually makes a rapid and complete recovery hence there can be no severe pathologic change existing in the brain substance No chronic postconcussional state exists although it is well known that where legal measures enter there is more apt to be a lasting degree of mental symptoms which may only terminate with termination of the legal procedures

postencephalitis With or without paralysis agitans the immobile masklike expression of these cases is called Parkinson s sign

posterior cord syndrome This syndrome consists of sensory and ataxic disturbances with or without sphincter involvement bladder and rectal disturbances due to a lesion of the posterior columns of the cord (Goll and Burdach) seen in tabes dorsalis and pernicious anemia

posterior inferior cerebellar artery obstruction For details consult *Hassin s sign*

posterolateral sclerosis syndrome This is a combined system lesion involving the posterior and lateral columns of the spinal cord resulting in spasticity plus sensory ataxic and sometimes sphincter involvement It is met with in advanced cases of pernicious anem a and less often in other anemias pellagra or n ergot or arsenic poisoning

postural reflex This applies merely to an assumed posture resulting from reflex stimulation as in the position induced by sudden fright or any defensive reflex involving the entire organism

Potain

1 In dilation of the aorta as in a well developed aortitis the percussion dullness over the arch of the aorta is spread out

Potain # 1 (*continued*)
from the manubrium to the third costal cartilage on the right side

2 The so called Tambre metallique or bruit de Tabourka. On auscultation over an aortitis this sign consists of a loud aortic second sound having a peculiar bell like or metallic quality The name Tabourka comes from that of an Arabian drum the sound having a parchmentlike quality

Potain s syndrome This may occur in gastrectasis of obstructive character or postoperative (abdominal), and is characterized by *interference with the right heart function with increase* in the pulmonic second sound In the obstructive type, a history of digestive disturbances

Pottenger s sign

1 In inflammation of the pleura and in pulmonary inflammation varying degrees of intercostal muscle rigidity appreciable on palpation

2 This sign consists of changes in the quality of resistance experienced by the examiner when palpation is practiced with a light touch

(a) This difference can be readily appreciated by comparing resistance over solid organs as contrasted with hollow viscera.

(b) Degrees of resistance over diseased lungs and pleura in contrast with the resistance when these organs are normal

(Authors Note—In very acute processes tension is proportionately exaggerated In apical tuberculous pulmonary lesions for instance an increase in tension can be felt in relation to and over the involved area As the disease progresses the rigidity diminishes to a threshold below that of the sound lung)

See under *lungs and pleura acute diseases of*

Pozzi s syndrome This consists of leukorrhea and backache without enlargement of the uterus It is the result of a chronic *endometritis with or without malposition of the uterus*

Prat The sign consists in muscular rigidity which develops as gangrene or necrosis is occurring in wounds and thus is utilized as an indication for operation

preagonal cardiac states

Robertson s sign # 5 In preagonal cardiac states a rapid fibrillary contraction of the pectoral muscles over the heart area may be seen Fibrillary muscle contractions are referred to more in detail under *Goggia s sign*

pregnancy

antepartum rupture of cesarean scar See *Cullen s sign # 3*

cold test Which see

Dewees sign The expectoration of a tough white mucus

early See *Chadwick s sign*

Goodell s sign Which see

Halban s sign During pregnancy fine growth of hair develops over face and body

Hegar s sign Which see

Hicks sign This is one of the well known signs of pregnancy but is perhaps better known to some as *Braxton Hicks sign* It consists of intermittent contractions of the uterus appreciable after the third month of pregnancy Uterine tumors may sometimes give rise to similar intermittent contractions

Jorissenne s sign Failure of the pulse to accelerate in transfer from a horizontal to an erect posture is one of the signs of pregnancy

Landin s sign In pregnancy digital examination will reveal a circular elastic area just above the junction of the cervix with the body of the uterus It is located in the median line of the anterior surface and to the examining finger gives the impression of fluctuation This area increases in size with the advance of pregnancy

Reusner s sign Which see

Rinman s sign Which see

pregnancy ruptured ectopic For complete details refer to *Salmon s sign*

pregnancy ruptured extrauterine

Cullen s sign In a ruptured extrauterine pregnancy discoloration of the skin about the umbilicus

pregnancy tubal

Golden s sign In tubal pregnancy a variable degree of pallor of the uterine cervix has been described

Cullen s sign # 1 Which see

presbyophrenia syndrome Same as Wernicke s syndrome As the descriptive term implies this is a mental condition in those of advanced age or even in late middle life resulting when advanced cerebral vascular degeneration has occurred The

presbyophrenia syndrome (*continued*)
syndrome consists of defective memory even for recent events as well as remote loss of orientation mental confusion and a disregard for truth (confabulation)

pressor and depressor reflexes These are afferent impulses the pressor impulse resulting in a fall Stimulation of pressor or depressor fibers is more or less transient This is especially true of depressor fibers Cessation of the stimulus causes a return of the blood pressure level Curare and alcohol furnish examples of respective depressor and pressor drug effects The depressor effect of the carotid sinus stimulation must also be considered in this connection

Prevel This consists of an increase in the rate of the heart beat when an individual changes from the recumbent to the upright position (Authors Note—There is normally a difference of about ten beats in the two positions No real value attaches to this sign because of the manifest impropriety of attempting to elicit it in a bedridden patient)

Prevost In hemiplegia the sign consists of conjugate deviation of the head and eyes The eyes are directed toward the side of the lesion and away from the paralyzed extremities

Profichet s syndrome This syndrome was first described by Profichet in his thesis for the Doctorate in Medicine in Paris 1900 under the title Upon a Variety of Subcutaneous Phos phatic Concretions—Stones of the Skin Most of the refer ences to this condition and they are not numerous are in the French and Italian literature The syndrome is characterized by the gradual development of concretions within and beneath the skin consisting chiefly of calcium phosphate

There is a tendency to ulceration of some of the lesions and to atrophy of muscles to irritative peripheral nerve phenom ena trophic changes and limitation of joint movement Not infrequently both vasomotor and sensory changes develop and the condition occurs especially in young individuals

More recently endothelial psammoma has been described by Winkler Multiple hard nodules form in the cutis and sub cutis originating probably from the endothelium of the nerve sheaths They are made up of endothelial cells arranged on centrically and are often calcified They are traceabl along nerve trunks even down to the periosteum hence similar muscle

Profichet s syndrome (*continued*)
atrophy and sensory and trophic changes as described by Profichet

Some cases of skin endothelioma also undergo calcification

pronation sign

Babinski s sign # 4 The so called ' pronation sign occurs when the paralyzed forearm placed in supination more or less promptly becomes pronated

Przewalsky s sign See under *appendicitis*

pseudocerebellar syndrome This is a disputed term and its usage is discouraged due to the fact that it cannot be said to have indicative characteristics

psychocardiac reflex Recollection of an emotional impress once stored in the memory or of recent experience or even in the subconscious dream state may express itself in changes in circulatory rate with more or less consciousness of heart thumping

psychogalvanic reflex In mental states of preoccupation and depression or in intense fright or emotional disturbance there develops a lessening of resistance to electrical stimuli In some individuals however especially in those with phobias and fear complexes the reverse may be true

pulmonary apical cavity

Ernl s sign When a pulmonary apical cavity has discharged its fluid contents a tympanitic note will then be obtained upon percuss on over the cavity It is sometimes possible to excite an attack of coughing which will expel the secretion by firm percussion over the site of the cavity The change in physical signs resulting will then enable the cavity to be detected

pulmonary cavitation

Wintrich s sign The sign is elicited by percussion over a cavity The change in pitch will vary whether the mouth be opened or closed The mouth being open the pitch is higher than with the mouth closed This is of no great practical value but is heard when a pulmonary cavity communicates with an open bronchus Also a pneumothorax under similar conditions Rarely in pneumonic consolidation when related to a large bronchus the note may similarly undergo change The other signs characterized by a change of note are Biermer s Fried reich s and Gerhardt s # - When fluid is present change of position of the patient may temporarily occlude a bronchus

pulmonary cavitation ***Wintrich s sign*** (*continued*)
hence the change of note may be obtained only when the patient is in the recumbent position or even the reverse may be true

pulmonary consolidation
Shibley s sign In pulmonary consolidation and conditions of pleural fluid free to move, spoken vowel sounds conveyed to the ear through the stethoscope take on a broad ' ah quality

pulmonary disease unilateral
Bethea s sign In any morbid process existing unilaterally a more or less marked lag in expansion will occur on the af fected side Pulmonary tuberculosis pleural effusion foreign body pulmonary tumor lobar pneumonia interstitial pneu monitis aneurysm (thoracic) When the examiner stands be hind the patient his finger tips resting upon the upper margins of the ribs high up in the patient s axillae any lag will be immediately felt as a result of the diminished movement of the ribs on the affected side

pulmonary edema
Huchard s sign # 2 In pulmonary edema what is termed paradoxic percussion resonance ' takes place

pulmonary gangrene
Behier Hardy sign The aphonia which is sometimes met with in the early stage of this condition

pulmonary reflex See *Abrams*

pulmonary sign
Francke s sign This consists of tenderness over the apex of the lung posteriorly in inflammation of the pleura

pulmonary tuberculosis *See under tuberculosis*

pulse acceleration
Ruggeri s reflex Indicative of irritation of the sympathetic nervous system Increased pulse rate is induced by attempts at strong convergence with the object close to the eyes This may occur in exophthalmic goiter

pulse capillary
Quincke s sign In typhoid or other protracted febrile states this sign often is possible of demonstration This occurs espe cially in aortic insufficiency and consists of alternate flushing and blanching of the finger nails the blanching occurring dur

pulse capillary ***Quincke s sign*** *(continued)*
ing cardiac diastole (Authors Note—This alternate flushing and blanching may also be obtained over an area on the fore head rendered red by rubbing or by making slight pressure with a piece of glass upon the everted lower lip Whenever the systolic blood pressure is quite low and peripheral resistance is reduced as in pulmonary tuberculosis for instance or in protracted febrile states a capillary pulse may be obtained)

pulse Corrigan See *Corrigan # 1*

pulse paradoxical
Kussmaul s sign # 4 In adherent pericarditis the weaken ing of the pulse during inspiration

pulse postural slowing of
Erben s reflex Generally regarded as a manifestation of exalted irritability of the vagus Under such a condition forcible forward bending of the head and trunk will result in an appreciable slowing of the pulse rate

pulse rate sign In frontal lobe abscess First described by Gold stein and confirmed by Kaila The sign consists of a difference of pulse rate of at least 20 beats per minute between the reclining and sitting positions respectively

pulse water hammer See *Corrigan # 1*

pupil myotic
Argyll Robertson pupil or ***Vincent s sign*** A myotic pupil light fixed but responding to accommodation

pupil reflex
Bechterew s # 2 In some cases of tabes and general pare sis the pupil dilates on exposure to light

pupillary contraction bilateral See *Haab s reflex*

pupillary contraction reflex
Gifford s reflex Consists of pupillary contraction when the individual endeavors forcibly to close the eyelids which are held apart

pupillary dilation
Bechterew s reflex # 2 Pupillary dilation on exposure to light may rarely be met with in tabes and dementia paralytica

pupillary dilation in Horner s syndrome For details see *Tour nay s sign*

pulmonary cavitation *Wintrich's sign (continued)*
hence the change of note may be obtained only when the patient is in the recumbent position or even the reverse may be true

pulmonary consolidation
Shibley's sign In pulmonary consolidation and conditions of pleural fluid free to move, spoken vowel sounds conveyed to the ear through the stethoscope take on a broad "ah" quality

pulmonary disease unilateral
Bethea's sign In any morbid process existing unilaterally, a more or less marked lag in expansion will occur on the affected side Pulmonary tuberculosis, pleural effusion foreign body pulmonary tumor lobar pneumonia interstitial pneumonitis aneurysm (thoracic) When the examiner stands behind the patient, his finger tips resting upon the upper margins of the ribs high up in the patient's axillae any lag will be immediately felt as a result of the diminished movement of the ribs on the affected side

pulmonary edema
Huchard's sign # 2 In pulmonary edema, what is termed paradoxic percussion resonance takes place

pulmonary gangrene
Behier-Hardy sign The aphonia which is sometimes met with in the early stage of this condition

pulmonary reflex See *Abrams*

pulmonary sign
Francke's sign This consists of tenderness over the apex of the lung posteriorly in inflammation of the pleura

pulmonary tuberculosis See under *tuberculosis*

pulse acceleration
Ruggeri's reflex Indicative of irritation of the sympathetic nervous system Increased pulse rate is induced by attempts at strong convergence with the object close to the eyes This may occur in exophthalmic goiter

pulse capillary
Quincke's sign In typhoid or other protracted febrile states this sign often is possible of demonstration This occurs especially in aortic insufficiency and consists of alternate flushing and blanching of the finger nails the blanching occurring dur

purpura (*continued*)

Rumpel Leede sign or phenomenon Occurs in purpuric disorders and also in scarlet fever It is produced by a moderately firm bandage applied for several minutes about the upper arm This induces petechial hemorrhage below the position of the band Occurs in scurvy and in any vitamin C deficiency

purulent peritonitis

Madelung s sign In purulent peritonitis the rectal temperature is so much higher than the axillary as to constitute a suggestive sign in this condition.

Putnam In hysteria with apparent disease of the hip this sign consists of a lengthening of the involved limb

Putnam Dana syndrome Combined sclerosis of the lateral and posterior columns of the spinal cord. See *posterolateral sclerosis syndrome*

pyloric carcinoma

Tansini s sign In this condition the abdom n is scaphoid unless metastasis exists in the bowel below and then the abdomen is prominent

pyloric stenosis

Reichmann s sign This consists of the presence of organic acid food residues in the fasting stomach It may also be suggestive of gastrosuccorrhea.

pyopneumothorax

Pfuhl s sign A differential diagnostic sign in the absence of paralysis of the diaphragm between subphrenic abscess and pyopneumothorax. After paracentesis the force of the flow through the needle increases during inspiration in the case of the subphrenic abscess but inspiration diminishes the flow n a case of pyopneumothorax

Pfuhl Jaffe s sign In pyopneumothorax after thoracentesis or incision the pus escapes with definite force during inspiration whereas in the pneumothorax the air escapes with inspiration

pyramidal decussation syndrome This is characterized by paralysis of an arm and an opposite leg spasticity increased reflexes and tone Babinski sign and ankle clonus and absence of abdominal reflexes on side of the leg paralysis

pupillary dilation and contraction

Somagyi's sign As a manifestation of instability of the cardiac portion of the vagus The sign consists of dilation of the pupils on deep inspiration and contraction on full expiration

pupillary light reflex Normally a prompt contraction of the sphincter of the iris with narrowing of the pupil when light strikes the retina

pupillary light reflex

Davidson This consists of light seen through the pupil in a darkened room when a diagnostic electric light bulb is held in the closed mouth

pupillary paradoxic reflex This is rarely seen but when present is characterized by dilation of the pupil when the retina is stimulated by light Sometimes seen in the advanced syphilitic See *Bechterew's reflex # 2*

pupillary phenomenon

Robertson's sign # 2 In the malingerer or neurasthenic when alleged pain is complained of pressure over the area fails to produce dilation of the pupils which invariably follows when pressure is made upon any painful area resulting from an organic lesion

pupillary reflexes This name is commonly applied to four separate reflexes For complete details see *accommodation reflex consensual light reflex light reflex # 2* and *Westphal's pupillary reflex*

pupillary sign

Ripault's sign Under normal conditions pressure made externally upon the eye during life causes a temporary change in the shape of the pupil After death such pressure upon an eye may cause a permanent change in the shape of the pupil

pupillary sign in nervous and mental diseases For details see *Barré's sign # 1*

purpura

bandage sign Proposed by Hess in the Archives of Internal Medicine February 1916 to differentiate purpura from hemophilia Petechiae form several minutes after the application of a moderately firm tourniquet over the upper arm There is some relation between the extent of the petechial eruption and the severity of the purpura

pyramidal tract disease (*continued*)

Throckmorton reflex May be obtained in this condition See for details

Wartenberg s sign Which see

pyramidal tract disease—hemiplegia

Babinski s plantar reflex This occurs normally in children up to the age of about 18 months or occasionally even to two years At a later period of life this sign or reflex is indicative of organic hemiplegia or a lesion in some part of the pyramidal tract This is but one of several signs in which the charac teristic feature is dorsal extension of the great toe For details see under Babinski

pyramidal tract disease—organic hemiplegia

Hirschberg s sign The sign consists of internal rotation and adduction of the foot when frictional irritation is pro duced upon the inner lateral aspect of the foot

pyramidal tract disease—traumatic See *atlo axial dislocation syndrome*

pyramidal tract disease—unilateral See *Winkleman s sign*

pyramidal tract disease

Babinski s # 2 In pyramidal tract disease gentle stroking of the plantar surface of the foot along the outer side and curving along the ball of the foot will elicit extension of the great toe and fan shaped flexion of the other four toes often in a slow and sequential manner (Authors Note—This may occur in certain cases of meningitis after head injuries following general anesthesia and sometimes after the administration of opiates Under these conditions it is bilateral and in the hemiplegic unilateral in the involved extremity Under similar conditions the Gordon Oppenheim and the Chaddock reflexes may be obtained)

Babinski s # 3 Starting in a recumbent position with arms folded the patient alternately rises and lies down, thus flexing and extending the trunk on the lower extremities In doing so the toes separate from one another in fan shape

Barré s # 2 In this condition when the patient is prone with his legs flexed at the knees he is unable to maintain the legs in a vertical position

Bechterew s reflex # 4 Flexion of the foot in a plantar direction when the dorsum is tapped by a percussion hammer See *Bechterew Mendel reflex*

Chaddock s reflexes # 1 and # 2 See under *Chaddock*

Hoffmann s sign # 2 In pyramidal tract disease a sudden snapping of the nail of the index middle or ring finger of the affected side results in flexion of the terminal phalanx of the thumb and of the last two phalanges of one or more of the other fingers It may occasionally occur in exalted nervous states or in hysteria but is then apt to be bilateral Known also as *Tromner s sign*

Klippel Weil s sign In pyramidal tract disease when the contracted fingers of the patient are quickly extended by the examiner flexion and adduction of the patient s thumb ensues

Rossolimo s reflex This occurs in lesions of the pyramidal tract and consists of extension or abduction of the great toe when the plantar surface of this toe is stroked (Authors' Note—This may be regarded as a variant of *Babinski s sign # 2*)

Strumpell s sign In tetany and certain spastic states the radialis sign of Strumpell may be elicited This consists of inability to close the hand without dorsal extension at the wrist

R

Racine s premenstrual salivary syndrome This is characterized by tumefaction of the salivary glands four or five days before the on et of menstruation It may involve the submaxillary or parotid glands Abnormal swelling of the breasts is a fre quent accompaniment The author believes it is associated with insufficiency of the corpus luteum hormone

radial nerve paresis of See *paresis*

radial reflex When the lower end of the radius is tapped upon by a percussion hammer flexion of the forearm will result and if strong percussion is practiced the fingers will also become flexed When a lesion exists in the fifth cervical area of the spinal cord a so called inverted radial reflex will result that is the fingers become flexed but the forearm does not become flexed

radialis sign This is one of the signs described by Strumpell and is characterized by inability to make a fist without marked dorsal extension of the wrist In pyramidal tract disease in paresis of the radial nerve and in tetany and certain spastic conditions this sign may be elicited.

radicular syndrome This is a radiculitis or root zone syndrome For details see *radiculitis* or *root zon syndrome Dejerine # 5*

radiculitis

Dejerine s sign In radiculitis (root zone involvement) any manifestations of the condition are aggravated by coughing sneezing or straining at stool.

radius fracture of

Laugier s sign In fracture of the lower part of the radius the styloid processes of the radius and ulna come to occupy the same level

Radovici Indicative of Bell s palsy peripheral involvement of the seventh cranial nerve Normally wh n the thenar emi nence is irritated as with a pin or other sharp instrument muscular contraction occurs about the chin In Bell s palsy absence of this phenomenon on the affected side and its per sistence on the opposite side constitutes the sign. When how ever the lesion is central an exaggerated reflex occurs on the affected side



quadripedal extensor reflex Known also as *Brain s reflex* under which it is described

Quant Sometimes seen in rickets This consists of a T shaped depression in the occipital bone

Queckenstedt Jugular sign When the spinal fluid pressure is taken under normal conditions and pressure is made over one or both jugular veins there will be a rapid rise in spinal fluid pressure to fall again when pressure is released When for any reason there is a block in the spinal canal there will be little or no rise of pressure resulting from pressure upon the jugular veins

reverse Queckenstedt sign Which see

Quenu Muret This sign is employed in aneurysm with a view to determine whether collateral circulation has been established in the case of any one of the extremities The main artery of the involved limb is compressed If blood flows from a puncture made at the periphery it is regarded as evidence that collateral circulation exists

Quincke s capillary sign This occurs especially in aortic insufficiency and consists of alternate flushing and blanching of the finger nails the blanching occurring during cardiac diastole (Authors' Note—This alternate flushing and blanching may also be obtained over an area on the forehead rendered red by rubbing or by making slight pressure with a piece of glass upon the everted lower lip Whenever the systolic blood pressure is quite low and peripheral resistance is reduced as in pulmonary tuberculosis for instance or in protracted febrile states, a capillary pulse may be obtained)

Quinquad Consists of a tremor felt by the examiner when the patient places his fingers spread apart upon the hands of the examiner This occurs in alcoholism

Raynaud s sign *(continued)*
exposure to cold unlike a similar condition which may develop in thromboangiitis obliterans in which the toes and even the entire foot usually unilateral may be involved rather from posture than from temperature changes. In erythromelalgia which consists of pain and redne s of the toes and foot po ture increases the pain and redness but these are aggravated by heat and relieved by cold and there is no tendency to gangrene which may occur in Raynaud s disease and frequently does so in thromboangiitis obliterans as is also the case in senile arteriosclerotic gangrene in which progressive pallor and cold ness are the dominant features Weir Mitchel first described erythromelalgia Am. J Med Sciences July 18 8 Buerger described thromboangiitis obliterans, which has since been called Buerger s disease)

rectal reflex A normal phenomenon when feces are in the rec tum. This results in a desire to defecate The normal re ponse may become obtunded by repeated failures to respond. This is one of the causes of constipation.

rectal shelf So-called by George Blumer in 1909 and more defi nitely defined by him, though first called attention to by Strauss in 1895 Blumer defines this as a shelflike metastasis projecting into the rectum as a result of infiltration of Douglas pouch with inflammatory or neoplastic material It is known as *Blumer s sign* and as *Strauss sign*

red reflex This is the normal diffusely red appearance of the retina seen with the ophthalmoscope

Reder In appendicitis the sign consists of a tender point in the right lower abdominal quadrant above O'Beirne s sphincter This sphincter was described by James O'Beirne an Irish surgeon (1786 1862) and consists of a band at the junction of the colon and rectum

Rees sign The characteristic fixation of malignant tumors of the breast either to the skin or to the fascia of the pectoralis major muscle is well known In order better to reveal fixation of the tumor to the pectoralis major muscle the following method is suggested The arm is held at the side and then in abduction in both the sitting and the horizontal positions While in the horizontal position the patient is requested to bring the arm on the affected side to a right angle and with the examiner standing in the plane of the axilla on that side

Raimistes

1 Under normal conditions when the hands and arms of a patient are held upright by the examiner this position can be maintained when they are no longer held In paretic states the hand will abruptly become flexed at the wrist

2 In hemiplegia when the patient is in the dorsal position with the legs separated and told to bring the sound leg toward the paralyzed leg the examiner at the same time opposing this movement the paralyzed leg will then move toward the sound side These are associated movements or synkinesias

Ramond In pleurisy with effusion the sign consists of rigidity of the erectorspinae muscle on the affected side When the effusion becomes purulent this rigidity relaxes

Randall s sign Cold test in pregnancy The employment of cold water by immersing one or both arms as originally sugge ted by Hines and Brown for the determination of potential hyper tensive patients has been applied by Randall as a test in pregnancy Randall and his colleagues believe that the hyper tension which may develop in the later months of pregnancy is due to vasospastic toxin They further believe that a pregnant woman who develops an exaggerated response when her arm is immersed in cold water should be watched with adde l care as being a potential toxemic case in the later months of preg nancy Women who responded normally to the cold test did not develop toxemia but in all cases in which toxemia later developed they did not respond normally

Ried and Tied deny the value of this claiming that in 34 cases observed by them the test was not indicative

Rasch In early pregnancy ballottement causes a sensation of fluctuation of the amniotic fluid

Raynaud s disease Raynaud s sign in this consists of a more or less sudden development of local syncope Most frequently symmetrical without antecedent pain involving the fingers more often than the toes

Raynaud s sign Acroasphyxia It is an early sign of Raynaud s *disease* It may be unilateral but is more often symmetrical and occurs especially in Raynaud s diseas It consists of pal lor and coldness of the fingers and toes particularly after exposure to cold and alternates with heat and redness (Au thor s Note—This state is more often the direct result of

renorenal reflex This is an unusual and rather rare result usu ally of a calculus in the pelvis or upper portion of the ureter on one side in which reflex pain may occur on the sound side or total anuria result from a unilateral involvement.

respiration

Cheyne Stokes In states of coma, especially the wet brain of late cardiorenal disease and rarely in the diabetic cycles of alternating apnea and respiratory periods occur The apnea lasts from a few seconds to a minute followed by respirations shallow at first increasing in depth to a maximum and diminishing in inverse order Changes in color of the skin often occur in these two periods and, about the maximum of the respiratory phase dyspnea is apparent In some instances the pupils are more or less contracted in the period of apnea and gradually dilate as the respirations increase in depth.

Biot s sign In any form of meningitis especially the tu berculous form respirations equally deep and rapid occur in groups separated by apneic periods of several seconds to a half minute or even more

respiratory arrhythmia

respiratory arrhythmia

Hernig Lommel s sign This is a respiratory arrhythmia and consists of a change in frequency of the heart s action with changes of the respiration There is an increase of the heart rate with inspiration and a decrease of the rate with expiration. Known also as sinus arrhythmia

retina

red reflex of See *red reflex*

retinal reflex See under *light reflex* definition # 2

retinal reflex in children Watered silk reflex. The reflex con sists of a wavy appearance like watered silk, which is seen upon the retina.

retinal shot silk reflex This is especially met with in adoles cents and young adults The retina assumes a changeable appearance as in changeable silk giving it a somewhat opales cent aspect

retraction

Bouillaud s sign # 2 A persisting retraction in the pre cordial region in adherent pericardium.

Rees sign (*continued*)
to exert pressure with the arm against the examiner This tenses the pectoralis major muscle so that if the tumor is attached to the pectoralis fascia it becomes fixed and immobile

reflex A sign or phenomenon induced over nervous pathways hence reflected and often manifest in an area remote from the seat of morbidity Many reflexes are normal and only become pathologic when excessive or when the reflex is totally absent

Reflexes herein are listed in alphabetical order according to their names and under the conditions to which they pertain.

Reichmann In stenosis of the pylorus Consists of the presence of organic acid food residues in the fasting stomach It may also be suggestive *of gastrosuccorrhea*

Reichmann s syndrome This is known as gastrosuccorrhea and may be either continuous or periodic or in a form called digestive gastrosuccorrhea, related to periods of digestion It is regarded as a functional disturbance or nervous supersecretion and is associated with a *high concentration of free* hydrochloric acid though *occasionally a low or normal* acid *may* be found The syndrome consists of marked nervousness emotional disturbance vomiting heartburn gastralgia and in paroxysmal attacks anorexia scanty urine low blood pressure *small pulse* and *prostration*

Remak s reflex This results when for any reason the conducting pathways of the cord are interrupted When the upper third of the anterior surface of the thigh is mildly stimulated by stroking the reflex consists of extension of the knee with plantar flexion of the first three to s in which the foot may al o participate plantar wise

Remak s sign In tabes dorsalis a double sensation may be experienced with the single prick of a needle

renal calculus

Lloyd s sign In renal calculus deep percussion over the loin *of* the affected side will cause pain when pressure is without effect See *loin reflex* al o

Renon Delille syndrome This is characterized by heat intolerance hyperhydrosis tachycardia, reduced blood pressure oliguria and insomnia. This syndrome may be a manifestation of dyspituitarism but is more apt to be an associated dysthyroidism with dyspituitarism

rickets (*continued*)

Lucas sign In early rickets the prominence of the abdomen due to distention

Quant s sign This consists of a T shaped depression in the occipital bone

Riddock s mass reflex This occurs in severe injury of the spinal cord When stimulation is practiced below the level of the injury in the area of the cord reflex flexion of one or both of the lower extremities results with involuntary emptying of the bladder and sweating below the level of the lesion

Ridley s syndrome This syndrome consists of rapid heart action with pulmonary phenomena of an asthmatic character It may be definitely allergic in origin but evidences of cardiac or cardiovascular involvement may be responsible for a similar but more severe syndrome the so called cardiac asthma syndrome which is an undesirable term See *cardiac asthma syndrome*

Riesman

1 In exophthalmic goiter a bruit is often heard when the stethoscope is placed over the closed eye The French refer to this as the Signe de Riesman (Ref —J A M A LXVI 1381 April 1916)

2 Diabetic coma The softening of the eyeball occurring in this condition (Ref —J A M A LXVI 85 Jan 1916)

3 Ulnar percussion Applying percussion with the ulnar side of the hand the patient takes a deep breath and holds it Suddenly a blow of moderate force is made quickly over the upper portion of the right rectus muscle In the presence of disease of the gallbladder a sharp pain will be elicited Comparison may be made with the opposite side Sensitiveness over the kidneys is determined by a similar force applied over the loin at right angles to the long axis a calculus or inflammation in or about the kidney may be revealed

4 Clavicular auscultation Using a diaphragm type of stethoscope over the clavicle an aortic murmur when transmissible will be heard along the length of the bone thus avoiding a murmur created by pressure upon the artery So too this method may detect an accentuated aortic second sound

5 Transdigital auscultation Again using a diaphragm stethoscope this placed upon the index or middle finger flexed at a right angle with the finger tip placed directly over the

retraction (*continued*)

Sir William Broadbent's sign No visible movement in the epigastrium because of adhesions to the diaphragm which prevent the latter from descending in deep inspiration

retromandibular painful point

Signorelli's sign This point is situated just below the ear and in front of the mastoid process In meningitis pressure over this point causes severe pain

Reusner This sign develops at about the fourth month of pregnancy and persists The sign consists of an increase in the pulse volume in the uterine arteries palpable in Douglas pouch

reverse Queckenstedt sign This sign consists of an elevation of pressure in spinal block existing below the position of the needle in the second or third lumbar interspace The technic is performed in the usual manner of a Queckenstedt after which a second needle is introduced through the sciatic hiatus into the epidural space Through this second needle from 20 to 50 cc of sterile physiologic salt solution is injected If no block exists in this lower space the pressure in the spinal fluid needle above will rise and no pain will be experienced If block exists however the pressure will not rise and the patient will experience more or less pain in the lumbosacral region

Revilliod In paralysis of the facial nerve Consists of the inability to close the eye upon the affected side

rheumatic fever See *Gouley's syndrome*

rheumatism articular in children

night cry The so called "Pavor Nocturnus" a night terror or shrill cry uttered by a child in sleep It may usher in an acute joint condition as in acute articular rheumatism or rickets and sometimes occurs in children with enlarged tonsils and adenoids

Richardson If a tourniquet be applied to a limb the veins on the distal side become more or less distended and prominent during life but this fails in death

Richet and Netter's sign See *contraction of adductors sign* under *appendicitis*

rickets

Fisher's sign In rickets a murmur systolic in time may be heard over the anterior fontanel or in the temporal region

Robertson H F., *Cutaneous sign in the negro* (continued) tiate a malingerer The absence of the normal luster en om passes the entire bo ly)

Robertson W E

1 This sign consists of the development of maculopa pules of dull pink to purple according to their age occurring chiefly on the trunk rarely on the upper extremities in myo cardial degeneration When viewed with a *hand lens* they appear to be made up of many discrete points Microscopic sections reveal numerous dilated capillaries some thickening of the collagen and more or less edema. In luetic cardiac con ditions they may disappear with recovery of the patient but they are less apt to disappear in the nonluetic This sign was observed by W E Robertson in the wards of the Philadelphia General Hospital

2 In the malingerer or neurasthenic when alleged pain is complained of pressure over the area fails to produce dila tion of the pupils which invariably follows when pressure is made upon any painful area resulting from an organic lesion

3 Synonymous with *Thomayer Robertson* and *Toma s signs* For description see Thomayer Robertson

4 Ascites When an effusion is large and not encysted its recognition is relatively simple When effusions are small, however they are apt to be overlooked The recognition of an abdominal effusion even though a small one may invite an entirely different viewpoint in an attempt to evaluate a pa tient s condition in a complete diagnostic sense When a patient is recumbent and no fluid exists in the abdominal cavity one hand of the examiner being placed under the flank of each side will elicit no tension or fullness and often a slight concavity dependent upon the amount of ad pose possessed by the patient When fluid is present however the flank of each side presents a sensation of fullness more or less tension and a quick upward thrust of the fingers by momentarily displacing fluid will result in a form of ballotte ment In small effusions when the patient is recumbent the vertebral column separates the fluid which therefore tends to collect in the form of a pool in the posterior portions of the abdomen hence the possibility of this sign

5 In preagonal cardiac states a rapid fibrillary con traction of the pectoral muscles over the heart area may be

Riesman # 5 (*continued*)
apex beat Thus auscultation and palpation are practiced simultaneously and timing of the murmur becomes more accu rate This method is also of value in eliciting the Duroziez murmur in aortic regurgitation (Ref —Tans Assoc of Ameri can Physicians, May 1922)

Riess Adherent pericardium In this condition the heart sounds may be heard of metallic quality on auscultation directly over the stomach

righting reflex When after some sudden stimulus as induced by fright for instance under normal conditions a return to normal posture is known as the righting reflex Under patho logic conditions which occur in cerebellar disease, the righting posture is delayed or impossible

Rinman Early pregnancy Manifested by palpable radiations spreading out from the nipple

Ripault Under normal conditions pressure made externally upon the eye during life causes a temporary change in the shape of the pupil After death such pressure upon an eye may cause a permanent change in the shape of the pupil

Risques This sign is said to be characteristic of malaria and consists of the presence of blood pigment free in the blood stream (Authors Note—Except in malignant types of ma laria, rapidly fatal such a condition would be merely an acci dental finding because the free pigment would be taken up rapidly by the leukocytes becoming the so called melaniferous leukocytes)

Ritter Rollet This sign consists of a varying response depending upon the degree of electric stimulation When mild flexion of the foot results and when severe extension of the foot is produced

Riviere Pulmonary tuberculosis This sign consists of a change in the percussion note suggestive of an area of increased density across the back in the region of the spinous processes of the fifth, sixth and seventh dorsal vertebrae

Robertson H F

Cutaneous sign in the negro In the negro male or female ill with organic disease the normal sheen of the skin is absent when light is reflected therefrom (Authors Note—This is rarely true in the healthy negro and may be used to differen

Romberg (*continued*)
stands with eyes closed and feet in apposition This sign is also known as the Brauch Romberg sign It also occurs in cases of marked alcoholic neuritis and in spinocerebellar tract dis ea e and in pernicious anemia when the columns of Goll and Burdach are diseased

Romberg Howship Obturator hernia Characterized by lanci nating pains in the leg (Authors Note—This is practically always unilateral unlike the lancinating pains in locomotor ataxia or more rarely in cerebrospinal syphilis but a possible similarity should be borne in mind and collateral evidences of such forms of syphilis should be sought for)

Romberg Paessler syndrome This consists of tachycardia low blood pressure tympanites and shock This is essentially a syncopal syndrome and is not unusual in the visceroptotic (Glenard s disease) congenital or acquired type It is an ex pre sion in these cases of lowered vasomotor tone in the splanchnic area

Rommelaere Cachexia of malignancy This sign consists of marked reduction in the urine of phosphates and sodium chloride

Rosenbach

1 An absence of the abdominal reflex in intestinal in flammation

2 The failure of a reflex respon e when the skin of the abdomen is irritated or p nched on the side of the paralysis in hemiplegia

3 In exophthalmic goiter a very fine and quite rapid tremor of the eyelids when the eyes are lightly closed It is often quite as marked in hysterical ndividuals

4 The inab lity on the part of a patient with neuras thenia to close the eyes at once when told to do so

Rosenbach s syndrome This syndrome is characterized by parox ysmal tachycardia which occurs in association with a func tional or occasionally an organic disease of the stomach manifestly an ectopic distu bance of heart function and further with associated respiratory d stress such as dyspnea or sighing respiration This syndrome may rest upon an or ganic basis as stated or it may merely express a psychoneurosis

Rosenheim In the presence of perigastritis a friction sound may be heard in the left hypochondrium (Authors Note—A sim

Robertson W E # *5 (continued)*
seen (Fibrillary muscle contractions are referred to more in detail und r *Goggia s sign*)

6 In long standing syphilitic aortitis the transverse diameter of the aorta exceeds 8 cm The upper limit of hyper tensive aortitis is 8 cm When greater than 8 cm on light per ussion suspect syphilis

Roche This is designed as a differential sign between torsion of the testi k and epididymitis In the former it is not pos ible to distinguish the epididymis from the testicle but in the latter the epididymis can be felt plainly as an indurated area super imposed upon the testicle

Rockley D pression of the malar bone A straight edge (any con venient rule) is placed vertically from the position of the external canthus on each side over the prominence of each malar bone when any difference in the two sides will be at once obvious

roentgen sign of acute psoas muscle disease Refer to *Varela Fuentes* and *Irala sign*

Roger s reflex This is known also as the esophagosalivary reflex. Roger demonstrated an abundant flow of saliva when the distal portion of the cut esophagus is stimulated This reflex is pos sible only when the vagi are intact as Samson Wright points out in his Applied Physiology the importance of this reflex is that it enables us to wash onward any bolus which is held up in the esophagus Mechanical stimulation of the esopha gus will not cause peristalsis but the saliva which has been reflexly secreted initiates deglutition processes and consequent coordinated esophageal contraction thus driving the bolus downward Hence, in carcinoma of the esophagus, reflex saliva *tion is a common occurrence*

Roger s syndrome This syndrome consists of a continuous but variable amount of salivary secretion due to involvement of the esophagus as in cancer rarely a foreign body or an ulcer or by one of the forms of esophageal diverticula.

Romana s sign This sign occurs in trypanosomiasis Americana now called Chagas disease described by Carlos Chagas in 1909 who discovered the parasite Schizotrypanum cruzi in human blood The sign consists of unilateral or occasionally bilateral ophthalmia characterized by (1) palpebral edema, (2) con junctivitis, (3) regional lymph gland swelling

Romberg Locomotor ataxia This consists of more or less marked swaying of the body even to actual falling when the patient

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Romana s sign This sign occurs in trypanosomiasis Americana now called Chagas disease described by Carlos Chagas in 1909 who discovered the parasite Schizotrypanum cruzi in human blood The sign consists of unilateral or occasionally bilateral ophthalmia characterized by (1) palpebral ed ma (2) con junctivitis (3) regional lymph gland swelling

Romberg Locomotor ataxia This consists of more or less marked swaying of the body even to actual falling when the patient

Rovighi In hydatid disease of the liver this sign consists of a sensation of fremitus on palpation and sometimes on bimanual palpation of the organ

Rovsing This sign is said to be almost as specific of appendicitis as McBurney s point It is elicited by pressure over a corresponding area on the left side to that of McBurney s region on the right Such pressure will then cause pain at McBurney s point and is said to occur only in the presence of acute appendicitis

rubella or German measles See *German measles*

Ruggeris reflex Known also as *Ruggeris sign* This occurs in irritated states of the sympathetic nervous system as in exophthalmic goiter The reflex consists of increased pulse rate when the eyes are strongly converged upon a near object

Rumpel Leede Occurs in purpuric disorders and also in scarlet fever It is produced by a moderately firm bandage applied for several minutes about the upper arm. This induces petechial hemorrhage below the position of the band. Seen in scurvy and in any vitamin C deficiency

Rumpf

1 Referred to sometimes as Rumpf s traumatic reaction and is met with in the traumatic neuroses The s gn or reaction consists of alternating fibrillary and tonic contractions which develop immediately following strong faradization

2 The development of increased pulse rate on pressure over any painful joint in the neurasthenic

rupture

Claybrook s sign Rupture of one of the abdominal viscera causing the presence of flui l exudate or blood in the abdominal cavity permits the transmission of cardiac and respiratory sounds so that they may be heard over the abdomen

rupture of the uterus See under *uterus*

Rust Met with in tuberculosis or neoplastic disease of the cervical vertebrae The sign consists in weakness of the cervical spine and pain which causes the patient to support the head with the hands during movements of the body

Rust s syndrome This syndrome consists of stiffness of the neck with cons quent limitation of head movements even amount

Rosenheim (*continued*)
lar friction sound may be heard in the left hypo hondrium in perisplenitis)

Rosenthal Spondylitis This consists of marked paresthesia induced by faradism applied to the spine pain of a burning and stabbing character resulting

Roser Braun This sign consists of absence of pul ation of the dura when a tumor or abscess of the cerebrum exists

Rossolimo s reflex Occurs in lesions of the pyramidal tra t as in organic hemiplegia When the great toe of the paralyzed side is lightly percussed or stroked upon its plantar surfa e extension or abdu tion of the toe results (*Authors' Note*—This may be regarded as a variant of Babinski s # 2)

Rotch In pericardial effusion This consists of percussion dullness in the right fifth intercostal space thus obliterating the cardiohepatic angle

Roth This consists of percus ion dullness between the fifth and sixth costal cartilages on the right side and may be pre ent in cases of pericardial effusion tricuspid stenosis or dilation of the right auricle according to Roth

Roth s syndrome This is also known as the Bernhardt Roth syndrome or meralgia paresthetica syndrome The syndrome consists of pain and paresthesia in the external aspect of the thigh the result of involvement of the external cutaneous nerve Effort such as standing and walking increases the pain and the syndrome has also been ascribed to the wearing of a tight corset

Rothschild

1 In tuberculosis an unusual flattening and mobility of the sternal angle This angle known also as Louis angle sometimes erroneou ly called Ludwig s angle is that region of the sternum between the manubrium and gladiolus

2 In thyroid deficiency this sign con ists of a thinning out of the outer third of the eyebrows

Roussel This is a sign of early pulmonary tuberculosis of the apical type It consists in the induction of more or le s pain on light percussion over the subclavicular region down to the fourth rib

Routier D Laubry C Vanbogaert A sign For d tails refer to *Laubry*

S

Sabathie s sign of aortic disease Gonzales Sabathie des ribes this sign as occurring in (1) Arterial hypertension with pathologic changes in the aorta (2) any form of aortitis (3) aortic sclerosis (4) aortic aneurysm. The sign consists of more or less stasis and dilation of one or both external jugular veins It becomes more pronounced upon deep inspiration and especially when the patient is in the dorsal recumbent position and the head is turned to one or othe side This sign in the majority of patients is associated with increased venous pressure and decreased velocity of the blood

sacral cord injury This is a complex reflex phenomenon, which may follow an injury to the lower lumbar portion of the spinal cord It is associated with reflex micturition As this function develops at the same time bilateral flexion of the toes occurs with adduction of one or both feet internal rotation and extension of the legs These muscular movements are accompanied by cramplike urethral pain and muscular cramps in the ontracted muscles When the patient is able to hold the toes in an extended position micturition is postponed but stimulation of the perianal region induces voiding The as ociated movements result from a sacral reflex

sacroiliac disease

Erichsen s sign In sacroiliac disease differentiating it from hip disease pain is experienced when the iliac bones are firmly compressed

Gaenslen s sign Which see

saddle nose

Zaufal s sign An eponym applied to the saddle no e (Authors Note—This may be traumatic or luetic in origin)

Saenger Cerebral syphilis This sign consists of a modification of the Argyll Robertson pupillary reflex In the absence of the pupillary light reflex, this may be restored in the ca e of cerebral lues but not in tabes dorsalis after the patient has been in the dark for a short period of time

Salmon s sign Pupillary sign in ruptured ectopic pregnancy U J Salmon of New York noted unilateral dilation of the pupil in a woman suspected of having a rupture l e topic p egnancy

Rust's syndrome (*continued*)
ing to rigidity This necessitates holding the head with the hands when an effort is made to lie down or arise from a recumbent position It may occur as the result of a radiculitis luetic tuberculosis malignant, or a cervical arthritis or a filterable virus infection, and not least, as the result of a fracture due to traumatism, or a fracture sustained during an epileptic convulsion or following the use of insulin or metrazol in the schizophrenic This eventually results in the development of a deformity known as Kummel's disease

sarcoidosis See *Schaumann s syndrome*

sarcomatous bone

Dupuytren s sign # 1 Over a sarcomatous bone a fremitus or crackling sensation may be produced by pressure

Sattler s sign See under *appendicitis*

Saunders Known al o as mouth and hand synkinesia. When a child opens the mouth widely associated movements of the head and hand occur the hand movements consisting of exten sion and spreading of the fingers of the open hand

scalenus anticus syndrome This is sometimes called the *cervi al ribs and scalenus muscle syndrome* The symptoms of cervical rib and scalenus anticus syndrome are similar and since the s alenus anticus muscle is the primary factor in the produc tion of neurocirculatory compression whether a cervical rib is present or not it seemed appropriate to J M Donald and B F Morton of Alabama to group the two conditions under one heading The syndrome consists of pain in some part of the brachial plexus (usually the lower portion) or subclavian artery The pain is worse at night which is attributed to pressure from behind as the shoulders are brought forward against the scalenus anti us muscle while in the prone posi tion Th re is pain of varying intensity tiredness and weak ness of the extremity cramps in the fingers numbness tingling or coldness of the hand areas of hyperesthesia shrinking of some of the mus les of the hand a lump at the base of the ne k tremor and dis oloration of the fingers Work and exer ci e a entuate the symptoms which may be relieved in part by elevation of the upper extremity and re t Differential diagnos s must exclu le infectious neuritis arthritis of the shoulder joint cervical arthritis cervical rib subachromi il bursiti neurosis apical tumors vascular d seases c ngenital deformities and cardiac disease The fourth an l fifth decades mark the most frequent occurrence probably due to regressive mus ular changes Trauma may be a factor Aneurysms of the subclavian art ry caused by cervical ribs or anterior sc alenus syndrome are rare

scapula fracture of

Comolli s sign This was originally described in Zentralblatt fur Chirurgie 59 93 (April 9) 193 The sign is of especial value in the diagnosis of fracture of the surgical neck and body of the scapula Shortly after the trauma a triangular swelling develops in the region of the involved scapula due to

Salmon s sign (*continued*)

Operation confirmed the diagnosis about a liter of fresh blood being found in the peritoneal cavity After operation the pupils became of equal size The patient also had severe right shoulder pain During the following ten months 16 patients were operated upon for ruptured ectopic pregnancy and in four of these before operation shoulder pain was a prominent symptom and unilateral dilation of the pupil was noted The shoulder pain and dilation of the pupil were not always on the same side (Am Journal Obstetrics and Gynecology "8 241 August 1934)

Salsbury s and Melvin s sign An ophthalmoscopic sign of death easily seen in the retina of the dead or dying Normally the blood column is seen as a moving mass in the retinal veins, as death approaches the column becomes more or less irregular and lumpy With progressive failure of life fragmentation of the column occurs and these fragments of blood move more slowly toward the optic disc and drop over the edge of the cup As the rate decreases the fragmentation and spacing increases With death all movement ceases and only immobile interrupted columns of blood are visible

Sander Pericardial adhesion A wavelike cardiac impulse particularly in the epigastric region in this condition

Sansom

1 In pericardial effusion there is considerable increase in the transverse area of dullness in the second and third left intercostal spaces

2 In aneurysm of the thoracic aorta when a stethoscope is placed to the lips a rhythmical murmur may be heard

Santoni In cysts other than in hydatid cysts the sign consists of a short hollow or booming sound transmitted to the ear on auscultatory percussion

saphenous varix

Cruveilhier s sign In saphenous varix a fine tremor can be felt on palpating the swelling If the swelling in the groin is palpated when patient coughs this tremor imparts the sensation of fluid entering the sacculation

Sarbo Sometimes present in tabes dorsalis The sign consists of analgesia in the distribution of the peroneal nerve

Schanz s syndrome *(continued)* zone area postural weakness of the spine and sometimes mor or less evidence of spinal curvature This syndrome is one of a group of conditions to which Gowers gave the term 'al io trophy and which Purves Stewart called attention to as a possible familial syndrome

Schapira This sign consi ts of failure of the pulse rate to become slower in the recumbent as compared with the erect posture and is interpreted as a sign of lowered function of the he rt muscle

Schaumann syndrome This syn lrome is synonymous witl tl e lymphogranulomatosis benigna of Schaumann Besnier Boeck also Hutchinson Boeck s disease or generalized sarc idosis It was first described by Jonathan Hutchinson in 1869 by Besnier in 1889 and by Boeck in 1899 Schaumann in 1914 first clearly correlated the clinical and microscopic aspects of this here tofore unrelated clinical entity The syndrome consists of but few constitutional symptoms pursuing more the course of a chronic generalized nfection resulting in pathologi changes in many parts of the body The histologic unit is a tubercle like accumulation of epithelioid cells with occasional central necrosis but never caseation a few Langhans giant cells and a ring of lymphoid cells The l sion a granuloma clearly resembles tuberculosis or Hodgkin s disease and it shows a predilection for the organs of the reticulo endothelial system (lymph nodes tonsils bone marrow spleen liver and lungs) In most instances there is universal symmetrical enlargement of the lymph nodes Pulmonary x ray reveals spotted or mottled streaks radiating from the hilus and the physical igns of pneumonoconiosis are present Striking is the wide dis emination of tl e lesions throughout the body and the sur pr sing mildness or absence of symptoms The course is usually afebrile with only slight rises of temperature on the appear ance of new lesions Fatigue and loss of weight are common Cutaneous les ons may or may not be present Relapses are common and the di ease may terminate fatally from general debility heart failure from increased pulmonary re istance or from tuberculosi The cause has not been determined and is thought by some to be tuberculous by others a virus in fection

Schepelmann Believed to differentiate plastic pleurisy from intercostal neuralgia. In plastic pleurisy pain becomes greater

scapula fracture of Comolli s sign (*continued*)
an accumulation of blood anteriorly and posteriorly to the scapula For anatomic reasons blood cannot escape hence a cushionlike swelling develops more or less corresponding to the outline of the scapula It may persist for some days

scapular reflex This is identical with the *interscapular reflex*

scapulohumeral reflex When the inner margin of the scapula is percussed by a percussion hammer the upper arm is adducted and rotated outwards

scarification

Levasseur s sign This is a sign of death and is characterized by failure to draw blood either by scarification or the cupping glass

scarlet fever

Borsieri's sign In this condition in the early stage streaking the skin with the finger nail induces a white line which rapidly becomes red

extinction test Blanching of the skin occurs even in early phases of scarlet fever eruption when serum of scarlet fever convalescents or serum of those insusceptible to scarlet fever, or the antitoxic serum of horses is injected intradermally Known also as the Schultz Charlton test

Meyer s sign The eruption of scarlet fever is associated with formication of the hands and feet

Pastia s sign This consists of two or three transverse lines occurring in the fold of the elbow These lines are a bright rose red color when they first appear but later become a darker red or even a maroon color They may be seen before the rash develops and persist through the stage of eruption and even for some time during the period of desquamation

Thomson s sign Synonymous with *Pastia s sign*

scarlet fever and the purpuras

Rumpel Leede sign It is produced by a moderately firm bandage applied for several minutes about the upper arm This induces petechial hemorrhage below the position of the band

Schäffer s reflex This occurs in organic hemiplegia When the middle portion of the Achilles tendon is pinched dorsal flexion of the toes especially the great toe and flexion of the foot will result

Schanz s syndrome This syndrome consists of easy fatigue often pain on pressure along the spine and especially the root

Schuller s syndrome Same as *Christian s syndrome* which see

Schultz Charlton See *extinction test*

Schultz syndrome (agranulocytic angina) First d scribed by Schultz in 19 This syndrome consists of high fever sore throat general *malaise chills headache vomiting* and muscle pains Bleeding from the mucous membranes is rare A sense of exhaustion is common but the sen orium is quite normal Petechial *hemorrhages into the skin* may occur with enlargement of the lymph nodes draining the oral cavity These symptoms may appear at any age and 7o% of the cases are in the *female sex Jaundice is present* in *half* the cases Ulceration and necrosis with membrane formation occurs in the oral cavity and necrosis of the tonsils throat gums tongue larynx *and esophagus* may be seen The liver and spleen may or may not be enlarged A progressive decrease of the number of white blood cells usually accompanies the course of the disease The *polymorphonuclear leukocytes* sink to minute percentages or may be absent

(Authors Note—Any symptom complex comprising the above grouping immediately requires white blood counts at six to eight hour intervals and throat culture to rule out the presence of diphtheria Prompt therapy should be instituted as soon as diagnosis is established inasmuch as both conditions rapidly may prove fatal)

Schultze

\# 1 See *Chvostek s sign* of tetany which is the same as *Schult e s sign # 1*

\# 2 Also seen in tetany and likewise *known as the tongue phenomenon* and *tongue dimpling sign* In the presence of tetany the sign consists of contraction with depression of the tongue at the site where it is lightly *struck*

sciatica

Babinski s # 1 Diminution or absence of the *Achilles tendon reflex*

Bonnet s sign The pain induced by adduction of the thigh in this condition

Fajersztajn s crossed sciatic sign In a patient with sciatica the hip can be flexed when the leg is flexed but not when the leg is held straight Pain is also produ ed on the affected side when the healthy thigh is flexed with the leg straight

Schepelmann (*continued*)
when the patient s thorax is bent towards the sound side whereas in intercostal neuralgia, pain is increased by thoracic deflection to the affected side

Schick In enlargement of the bronchial lymph glands usually tuberculous in an infant the sign consists of an expiratory stridor

Schlange Of intestinal obstruction This consists of absence of peristalsis below and dilation of the bowel above the site of obstruction Sometimes called Schlunge s sign

Schlesinger Known also as *Pool s phenomenon* and in a descriptive sense as *leg phenomenon* This occurs in any form of tetany The sign consists of an extensor spasm at the knee joint with marked supination of the foot induced by holding the patient s leg at the knee joint and at the same time flexing the thigh at the hip Refer also to *Pool s sign* *Neri s sign* and the *leg sign*

Schlunge Same as *Schlange* which see

Schmidt s syndrome This is one of a number of bulbar syndromes in which the lesion occurs unilaterally in the lower portion of the medulla in addition to total unilateral paralysis of the N 11 (spinal accessory) and the entire nucleus of N 10 (vagus) The syndrome is characterized by paralysis of the sternocleidomastoid muscle with partial or complete paralysis of the trapezius and as described under Avellis s syndrome paralysis of the vagus on the side of the lesion and hemianesthesia on the side opposite the lesion

For other bulbar syndromes see those of *Avellis Babinski Nageotte Dejerine # 2 Jackson* and *Tapia*

Schneiderian reflex See *Bechterew s # 1*

Schoenlein Henoch syndrome This is essentially a combination of Schoenlein s arthritic purpura with Henoch s visceral purpura and has been referred to as anaphylactoid purpura The syndrome consists of erythema urticaria edema purpura some degree of arthritis and abdominal colic with or without bleeding from a mucous membrane Its resemblance to the serum syndrome of *Pirquet* and *Schick* suggested the term anaphylactoid purpura

Schules Melancholia Consists of a skin fold between the eyebrows resembling the Greek letter Omega hence called the Omega melancholia

sciatica differentiated from disease of the hip ***Fabere sign*** *(continued)*
cau.e pain when the knee of the affected side is passively depressed It may however be positive in the sacroiliac form of sciatica.

sciatica and lumbago Refer to *Demianoff s sign*

sciatica and peripheral neuritis

Lust s reflex This reflex is absent in well developed cases of sciatica or peripheral neuritis (chronic alcoholism or beriberi) For details see Lust.

scleras blue See *syndrome of brittle bones and blue scleras*

sclerosis disseminated

Uhthoff s sign Nystagmus occurring in this condition

sclerosis disseminated and lateral column disease In these conditions the so called toe reflex may be elicited. When the great toe is sharply flexed under such conditions strong ten sion of all of the muscles of the lower extremity ensues espe cially below the knee

sclerosis lateral and disseminated A contralateral reflex or overflow or crossed reflex is often manifested in these condi tion See *McCormac s reflex*

sclerosis multiple In this condition the jaw jerk reflex may be elicited For description see *jaw jerk reflex*

sclerotic kidneys

Fodère s sign This sign consists in swollen puffy edem atous lower eyelids met with in patients with retent on of chlo rides and urea Essentially an evidence of sclerotic kidneys

scoliosis and sciatica

Vanzetti s sign In this ond tion the pelvi always main tains a horizontal position de pite any induced degree of s oliosis unlike other conditions in which scoliosis occurs the pelvis then being tilted

scotoma

Seidle s sign This is essentially a form of scotoma mani festing itself as a wing or wedge shaped appearance of a blind spot

Elliot s sign # 2 Scotoma spreading out from the blind spot and cons sting of many small foci or spots

scrotal reflex This is essentially the same as the Dartos muscle reflex When the perineum is stroked or col l is applied a slow vermicular contraction of the scrotal mus le results

sciatica (*continued*)

Lasegue s sign In sciatica flexing the leg at the knee and the thigh upon the abdomen is not painful and hence differ entiates sciatica from disease of the hip joint Passive exten sion of the leg however results in pain along the course of the nerve hence complete extension of the leg is rarely ever *possible A second method of using this sign is to have the* patient attempt to touch the floor with the fingers while the knees are held in extension Under these conditions the knee on the affected side will be flexed the heel slightly elevated and the body elevated more or less to the painful side Another method is to have the patient in a sitting position attempt to extend the legs Pain on the affected side limits extension at *the knee It has been said by Carhll that when Lasegue s sign* is positive the pupil will dilate blood pressure rise and the pulse become more rapid These phenomena are not present in the malingerer or psychoneurotic individual

Minor s sign Sciatica is suggested by the manner in which the patient with this condition rises from a sitting po ition He supports his weight on the uninvolved side by balancing *on the healthy leg placing one hand upon the back and* bend ing the affected leg

Turyn s sign When the patient s great toe on the affected side is flexed pain will be experienced in the gluteal region

Vanzetti s sign In this condition the pelvis always main tains a horizontal position despite any induced degree of scoliosis unlike other conditions in which scoliosis occurs the pelvis then being tilted

Villarett s sign In the presence of a lesion of the sciatic nerve and its branches when percussion is practiced over the tendo Achillis flexion of the great toe occurs.

sciatica differentiated from disease of the hip

Fabere sign This occurs in arthritis of the hip The test is elicited by placing the patient supine The external malleolus of the affected side is placed over the patella of the opposite leg the knee necessarily being flexed When pressure is now made upon the knee pain is produced Patrick explains the term Fabere sign as being made up from the initial letters of the manipulations necessary in eliciting it namely *F*lexion *Ab*duction *E*xternal *R*otation *E*xtension This position as sumed by the normal individual or one with sciatica does not

Shibley This consists of a change in the quality of spoken vowel sounds as elicited by the stethoscope The sounds reach the ear like a broad ah when the lung is consolidated or fluid exists in the pleural cavity

shot silk retinal reflex See under *retinal*

shoulder dislocation

Dugas sign In this condition the patient is unabl to place the hand of the affected side on the shoulder of the opposite side as long as the elbow remains in contact with the chest

shoulder pain in coronary disease See *coronary disease and painful shoulder sign*

Sicar May be elicited in some cases of pleural effusion. The sign consists of a metallic resonance heard posteriorly when two coins are used as plexor and pleximeter

Sieur Also known as the *coin sign* or *coin test* In the presence of pneumothorax and occasionally over a large pulmonary cavity the sign consists of a metallic sound heard upon auscultation when silver coins are used as plexor and pleximeter over the air containing cavity

sign Any objective evidence of a morbid nature in the body (See also definition of symptom)

accessory or ***assident*** A nonpathognomonic sign of disease

antecedent Any sign which adumbrates or foreshadows the developmental phase of a disease For instance irritability spasm or pain as an early sign in cord tumors or the painless ulcer of syringomyelia and its congeners In tabes dorsalis an appreciation of these signs may lead to a recognition of the disease causing them *e g* intermittent claudication and disturbances of station It is self evident that a careful interpretation of signs would avoid surgical interference in tabetic crises especially epigastric and in the array of abdominal phenomena induced by certain intrathoracic diseases as pneumonia pleurisy aneurysms and new growths coronary disease aortitis and also in certain cord tumors or even the cord changes in severe anemias

Signorelli Sometimes referred to as retromandibular painful point This point is situated just below the ear and in front of the mastoid process In meningitis pressure over this point causes severe pain

signs of death See under *death*

scurvy infantile

cardiorespiratory sign In infantile scurvy the normal pulse respiration ratio of 4 1 is changed to 2 1

section abdominal

Douglas sign In abdominal section in women when the *cul de sac* of Douglas is wiped the patient utters a sharp pro longed cry This is often referred to as *Douglas cry*

Seeligmuller This sign consists in the development of mydriasis on the same side of the face in which a neuralgia develops

segmentary syndrome Same as *metameric syndrome*

Sequin The contraction of muscles just prior to an attack of epilepsy constituting a forerunner of an attack

Seidle This is essentially a form of scotoma manifesting itself as a wing or wedge shaped appearance of a blind spot

Seitz When in the presence of a pulmonary cavity bronchial inspiration originates harshly and becomes progressively fainter

selenium poisoning syndrome This syndrome is produced by inhalation of volatile selenium compounds or seleniferous dust The organs most likely to suffer are the liver spleen and kid neys It consists of pallor gastrointestinal upsets garlic odor of the breath and perspiration irritation of nose and throat coating of tongue and metallic taste in the mouth Selenium in the urine is diagnostic proof of this condition

Semon In malignant disease of the larynx this sign consists of impaired motility of the vocal cord

senile reflex This is the result of lenticular capsular degenera tion When this has developed to any extent the pupil assumes a grayish tint under reflected light

sensitive triangle sign of Livingston See under *appendicitis*

serous membrane signs See *lymphatic system*

sexual reflex Usually this results from genital stimulation most frequently direct but may occur during sleep or from sexual stimulation as the result of mental impressions The reflex consists of an erection and ejaculation

Shelly A grainlike eruption resembling sago met with on palate and lips in influenza

"skew deviation

Hertwig Magendie s sign This consists of a peculiar deviation of the eyes in which there is downward and outward rotation of the homolateral globe and upward and outward rotation of the contralateral eyeball with nystagmus It occurs in vestibular and cerebellar lesions

skin diseases

Milian s sign In diseases of the skin involving the head and face the ears are involved, but in subcutaneous inflammation of the head and face the ears are not involved. (Authors Note—A possible exception to this exists in the case of erysipelas invol ing head and face)

skin of the loin pigmentation of

Turner s sign Acute pancreatitis consists of discoloration of the skin in the loin.

skin resistance to the electric current

Vigouroux s sign Which is diminished cutaneous resistance to electricity met with in exophthalmic goiter

Skoda A wooden tympanitic note elicited on percussion above pleural effusion and in some instances above a consolidated lung (Authors Note—Josef Skoda (1805 1881) of Pilsen Bohemia famous for his lectures in the Allegemeines Kranken haus His book published in 1839 was an attempt to apply the knowledge of physics of his day to diagnosis He classified sounds by their musical pitch and tonal qualities)

skull fracture of base of

Battle s sign In this condition an ecchymosis develops first near the tip of the mastoid process with a tendency to follow along the line of the posterior auricular artery

Sluder syndrome This is characterized by pain at the root of the nose in the lower jaw and teeth and occasionally also the ear back of the mastoid in the occiput and neck In severe cases the pain may extend to the arm forearm hand and even to the finger tips Sluder s neuralgia which is not a ommon condition was referred to by Sluder as lower half head a he bv whi h he implied that the painful condition which is apt to be bilateral and persistent involves especially the lower half of the head the neck and shoulders It may result from an infected tooth or sinus may follow in the train of a

signs of disease in children

Jadelot Facial lines which are said to indicate certain dis eased states in children especially

1 Genal line—which extends from the nasal line adja cent to the mouth and extends toward the malar bone

2 Nasal line—from the ala of the nose in a semicircular manner around the mouth

3 Labial line—from the angle of the mouth outward and believed to indicate pulmonary disease

4 Oculozygomati or o ular line—from the inner can thus toward the zygoma and believed to indicate some morbid state of the nervous system

Silex The furrows about the mouth in a case of congenital syph ilis These are also known as the rhagades (Authors Note—May be present in riboflavin deficiency though less striking)

Simon

1 When for any reason the umbilicus is fixed or re tracted during inspiration this is known as Simon s sign It may occur as any early sign of diffus peritonitis

2 A want of correlation between movements of dia phragm and thorax met with in early meningitis

Simon s syndrome This syndrome is characterized primarily by mammary carcinoma and secondarily by polyuria, the result of metastasis in the region of the pituitary infundibulum

simple reflex An uncomplicated reflex as one acting upon a single muscle

sinus frontal obstruction

Ewing s sign # 2 Frontal sinus obstruction is accompanied by tenderness at the upper inner angle of the orbit

sinus irregularity See *Hernig Lommel*

sinus thrombosis

Crowe s sign In sinus thrombosis engorgement of the retinal vessels occurs when the jugular vein on the healthy side is compressed

Sisto The persistent cry of an infant with congenital syphilis

Skear A sign of tuberculous meningitis which consists of small circles bilaterally in the iris adjacent to the pupil

spastic conditions

Oppenheim s sign In any spastic condition of the lower extremities Oppenheim s sign may be eli ited This sign is elicited by stroking the median surface of the leg posteriorly from the upper posterior portion of the tibia downward This causes contraction of the tibialis anticus extensor hallucis longus extensor digitorum communis and in some instances also the peroneal muscle

Spen s syndrome Same as *Adams Stokes syndrome* which see

sphenopalatine ganglion syndrome In eye disturbances of nasal origin this is characterized by redness and engorgement of the mucous membrane of the nos accompanied or followed by tearing photophobia pain behind the eyeball in the nose ear mastoid region neck, or at the temple Refer to *Sluder s syndrome* which is associated with a disturbance of the spheno palatine ganglion

Spiegelberg Met with in malignant disease of the uterine cervix. The sign consists of a sensation of friction against wet India rubber imparted to the examining finger

spinal cord compression *New growth or inflammatory result* ing in interruption of the pathways Under such conditions *Pemak s reflex* may be obtained See *Love s sign*

spinal cord disease or injury of In these conditions the so called *mass reflex* may serve as a guide to the extent of the cord involved

spinal cord injury The reflex phenomena resulting are known as Riddoch s mass reflex which see

spinal cord lesions

Kerr s sign In 19 0 Kerr of San Francisco noted in a patient with a somatic sensory level due to a probable cord tumor that a change in skin texture could be readily felt The skin was normal above the sensory level being smooth soft and pliable and easily lifted between the thumb and fore fingers Below the level the skin gave the impression of being stiff hidebound dry and more or less adherent so that it resisted being pinched Sometimes this change was abrupt and in others extended over one or two segments The author has found this sign of value in both intramedullary and extra medullary tumors diffuse arachnoiditis transverse myelitis

Sluder syndrome (*continued*) herpes and occurs in consequence of disturbance of Meckel s sphenopalatine ganglion See *sphenopalatine ganglion syndrome*

Smith Consists of a murmur heard on auscultation over the first piece of the sternum with the patient s head overextended when the peribronchial glands are enlarged It is ot e pecial value in the case of young children (Authors Note—Gittings questions the usual explanation and believes this sign to result from pressure due to an enlarged and persistent thymus gland The murmur which is es entially that of a venous hum may also be heard in the jugulars)

Snellen s reflex When the distal end of the divided auriculocervi al nerve is stimulated congestion of the ear results upon the same side

Snellen s sign This is the same as *Piesman s sign # 1*

sole reflex Better known as the *plantar reflex* which see

Somagyi s reflex This is a manifestation of the instability of the cardiac portion of the vagus It consists of dilation of the pupils upon deep inspiration and contraction on full expiration

somatic sign This inclusive term refers to any sign manifested by the torso and extremities especially motor rather than sensory in type

Soresi s sign See under *appendicitis*

Souque

1 Souque s phenomenon also known as Gordon s sign or finger phenomenon This occurs in incomplete hemiplegia and consists of a spreading of the fingers and an involuntary extension when the affected arm is raised

2 In hemiplegia and in cerebellar disease when any patient with either of thes lesions is seated in a chair and suddenly tilted backwards the normal extension of the legs in an attempt to effect counterbalance is lost

3 A sign of cancerous cachexia This consi ts of an appreciable diminution in the area of cardiac dullness wh n the patient is recumbent

spasmophilia

Lust s sign In spasmophilia when the external popliteal nerve is struck just below the head of the fibula abduction and dorsal flexion of the foot occurs This is also known as Lust s phenomenon

Steinhardt This is divided into three stages In the first stage, there is complete discoloration of the soft palate on each side of the median line In the second stage there is complete discoloration of both sides of the soft palate pale yellowish and diffuse In the third stage the discoloration is yellowish with a faint pink tinge This is a sign in acquired syphilis

Stellwag In exophthalmic goiter there is both infrequent and incomplete blinking of the eyelids and at times paralysis of one of the extraocular muscles Retraction of the upper lids causes widening of the palpebral fissure

stenosis bronchial

Eustace Smith sign # 2 In bronchial stenosis when the head of the patient is fully extended a venous hum may be heard over the manubrium

stenosis mitral

Fraentzel s sign In mitral stenosis this sign or murmur is better heard at the beginning and the end of diastole than during the midperiod (Note—It is improbable that a pure mitral stenosis ever exists From the morbid anatomic stand point more or less regurgitation coexists The position of the mitral stenotic element in the cycle seems to depend on the tone and force of the left auricle Hence it may be proto meso or deuteropathic.)

stenosis pyloric

Reichmann s sign In stenosis of the pylorus this consists of the presence of organic acid food residues in the fasting stom ach. It may also be suggestive of gastrosuccorrhea

stenosis tracheal

Aufrecht s sign In this condition feeble breath sounds just above the jugular fossa

Sterles *In tumors within the thorax this sign consists of a* marked pulsation over the cardiac area

sternal prominence

Ewart s sign # 1 In pericardial effusion the marked prominence of the sternal end of the first rib This only occurs when the effusion is large

Sternberg Increased sensitiveness of the shoulder girdle muscles met with in diaphragmatic pleurisy

spinal cord lesions Kerr s sign (*continued*)
(either degenerative or inflammatory) and in fracture of the spine

See *Love s sign*

See *Weinberg s syndrome of spinal cord tumor at the foramen magnum*

spinal reflex A generic term including all reflexes in which the reflex is connected with the center in the spinal cord

spinal sign in acute pleurisy The tonic contraction of the spinal muscles on the diseased side

spinal sign in anterior poliomyelitis See under *anterior poliomyelitis*

spinothalamic tract syndrome Same as *Avellis s syndrome* which see

spleen Banti s disease See *Castronuovo s sign*

spleen enlargement of See *Banti s syndrome*

spleen rupture of

Ballance sign This is an increasing area of dullness elicited on percussion over the left flank This area rarely changes with change of position of the patient, which is the case when bleeding occurs from other abdominal structures The reason for this is believed to be due to the more rapid coagulation of splenic blood as compared to blood from other tissues

Kehr s sign In rupture of the spleen severe pain in the left shoulder develops in some cases

spondylitis

Rosenthal s sign This consists of marked paresthesia induced by faradism applied to the spine pain of a burning and stabbing character resulting

sputum bronchial asthmatic

Laennec s sign In bronchial asthmatic sputum, so called Laennec s pearls ' may be found These are rounded gelatinous masses

stair sign The awkwardness and difficulty in descending stairs in locomotor ataxia

static reflex This implies the reflex pose and station of an individual.

status thymicolymphaticus syndrome Same as *Timme s syndrome* which see

stomach perforation of

Brenner s sign When this occurs air bubbles accumulate between the stomach and diaphragm and give rise to a metallic friction over the left 1 th rib posteriorly when the patient is in a sitting position

Stookey s reflex When the tendons of the semimembranous and the semitendinous muscles are tapped with a percussion hammer the leg being semiflexed at the knee flexion of the leg results

Straus When pilocarpin is injected into an individual with facial paralysis of central origin no difference results in the degree of perspiration induced on the two sides In facial paralysis of peripheral origin, perspiration on the paralyzed side is markedly increased

Strauss In chylous ascites fatty foods increase the fat content

string sign Suggestive of terminal regional ileitis or spastic colon. See *Kantor s sign* for details

striocortical syndrome This syndrome consists of increased muscle tone during effort an essential hyperkinesia bizarre emotional facial movements and some degree of mental confusion and restriction of ideation

Strumpell

1 Tibialis anticus sign This is one of the so called associated movements met with in organic hemiplegia. It is elicited by having a patient attempt to flex the leg upon the thigh during which contraction of the tibialis anticus occurs At the same time dorsal flexion and adduction of the foot occur upon the affected side This becomes more pronounced if the attempted leg movement is resisted by the examiner

2 Dorsal flexion of the great toe in paralysis of the leg

3 Radialis sign Consists in the inability to make a fist without definite dorsal extension of the wrist in paresis of the radial nerve

4 Pronation sign This is a sign of organic hemiplegia and is present even when the contracture is slight It is elicited by flexing the forearm over the arm It will be noticed that the forearm assumes a position of pronation in consequence of which the hand is in the dorsal position in relation to the shoulder and not in the palmar position.

Stewart Holmes

Sign of hypotonia The individual under examination rests his elbow upon the table while the examiner holds his wrist Flexion is then attempted by the patient against the resistance of the examiner Upon releasing the wrist flexion occurs but is again arrested by triceps contraction Thus far this occurs under normal conditions but in hypotonia flexion of the arm persists without participation of the biceps

Still Chauffard syndrome Same as *Chauffard Still syndrome* which see

stillbirths See *Wreden s sign*

Stiller In more or less complete visceroptosis (Glenard s disease) The sign consists of increased mobility of the tenth rib due to partial fixation, even detachment, of the tenth rib to the costal cartilages

Stocker If the attempt be made to lower the bedclothes covering a typhoid patient in his clouded lethargic state he pays no attention A patient with tuberculous meningitis, however manifests some resistance and attempts to replace the bed covers

Stoke In acute enteritis this sign consists of a more or less severe throbbing sensation in the abdomen to the right of the umbilicus

Stokes syndrome Same as *Adams Stokes syndrome* which see

stomach cancer of

Boas sign In cancer of the stomach the presence of lactic acid in the gastric juice and the Oppler Boas bacillus

stomach carcinoma of See under *carcinoma*

stomach disease of

Kussmaul s sign # 1 In disease of the stomach especially in retention for any reason the sign consists of convulsions and coma resulting from absorption of toxins

stomach hourglass In this condition fluids rapidly pass the relative obstruction but lavage reveals food fragments which may manifest evidences of fermentation and putrefaction depending upon the degree of stenosis and retention (Authors Note—In spastic types relaxation will follow the hypodermic administration of 1/50 of a grain (1 3 mg) of atropine sulfate The x ray examination of such a ca e confirms the diagnosis of an hourglass stomach but does not differentiate ~ essarily an organic from a functional type)

superficial reflex (*continued*)
such as stroking the skin lightly with a pledget of cotton resulting in sensory touch perception or in exalted states horripilation (gooseflesh)

supinator longus reflex When the tendon of the supinator longus is tapped with a percussion hammer flexion of the fore arm of the same side results

suppurative mastoiditis
Hellat s sign In suppurative mastoiditis the transmission of sound waves is decreased A tuning fork vibrating on the area of disease is heard over a shorter period than when applied to any healthy part See *mastoiditis*

supraorbital reflex This is known also as *McCarthy s reflex* which see

suprapatella reflex When a finger of the examiner is hooked above the patella the leg of the subject being extended and the finger is struck by a percussion hammer there is a prompt reflex backward recoil of the patella.

suprapubic reflex When the abdomen is stroked above Poupart's ligament, the reflex consists of deflection of the linea alba toward the stroked side

suprasulcus tumor See *Pancoast s syndrome*

supraumbilical reflex Known also as the *epigastric reflex* which see

swallowing reflex See *palatal reflex*

sympathicotonic syndrome This term is applied to any group of symptoms in sympathicotonia (as originally described by Eppinger and Hess) The syndrome consists of dilated pupils dryness of skin flushing of face dry eyeballs with frequent blinking dryness of mouth gooseflesh tachycardia in creased blood pressure low gastric acidity decreased motility of stomach and bowel pylorospasm constipation vomiting precordial pain (anginoid) epigastric pain chilliness tend ency to alimentary glycosuria hypersensitiveness to adrenalin and to atropine and no salivation or sweating under pilo carpine

symptom Any subjective evidence not necessarily pathog nomonic of a morbid nature in the body Symptoms may be local or general and are usually elicited by direct questioning

Strumpell s reflex Stroking or irritation of the thigh and abdomen results in movement of the leg on the same side with adduction of the corresponding foot

Strunsky Devised essentially for the recognition of lesions of the metatarsal arch Under normal conditions when the toes are grasped and quickly flexed the procedure is painless Pain results if there is any inflammatory lesion of the metatarsal arch

subacromial bursitis acute

Dawbarn s sign In acute subacromial bursitis pain results when the bursa is palpated while the patient s arm hangs by his side but pain is absent when the arm is abducted

subcortical aphasia

Lichtheim s sign This is a sign of subcortical aphasia and is also known as the Proust Lichtheim test In subcortical motor aphasia (aphemia anarthria) the patient will be able to exercise memory pictures of speech but cannot articulate words He understands when spoken to is able to write and can read to himself This form of motor aphasia is usually part of a hemiplegia and the Proust Lichtheim test was designed to reveal the character of the aphasia and consists in having the patient indicate by pressure of the hand of the examiner the number of letters in a word or the number of syllables

subinfective bacterial endocarditis

Osler s sign or ***nodes*** Painful nodules on skin of hands and feet especially met with in cases of subinfective bacterial endocarditis (malignant endocarditis)

subjective sign A sign apparent only to the patient such as tinnitus pain or vertigo

subphrenic abscess *Pfuhl s sign* applies to this

Sucker In exophthalmic goiter this sign consists of defective complementary fixation when the eyes are rotated laterally

Sumner When increase in tension of the abdominal muscles is found on superficial palpation of the right iliac fossa it is indicative of appendicitis stone in the ureter or an ovarian cyst with a twisted pedicle

superficial reflex This term is applied to any reflex phenomenon which may be induced by a superficial or very light stimulus

syphilis anterior pharyngeal pillar sign in (*continued*) ing congestion which begins at the bases of the pillars and extends upwards

Also see *Steinhardt s sign*

syphilis cerebral

Saenger s sign This sign consists of a modification of the Argyll Robertson pupillary reflex In the absence of the pupil lary light reflex this may be restored in the case of cerebral lues but not in tabes dorsalis after the patient has been in the dark for a short period of time

syphilis congenital

clavicular sign Refer to for details

Fournier s sign # 2 In congenital syphilis the saber tibia also known as Fournier s tibia which is an anterior bowing and fusiform thickening involving the middle third of the shaft

Fournier s sign # 3 See mulberry teeth

Hennebert s sign In congenital syphilis when a laby rinthitis occurs compression of the air in the external audi tory canal causes rotary nystagmus to the diseased side Lessening of the pressure in the canal causes nystagmus to the opposite side This is also known as the pneumatic sign of Hennebert

Hutchinson s sign # 1 So called inherited syphilis is indicated by an interstitial keratitis and a dusky red discolora tion of the cornea

Hutchinson s sign # 2 In congenital syphilis the perma nent incisors are notched and have narrow edges These are also known as peg topped teeth and are commonly referred to as Hutchinson s teeth but they are not absolutely diagnostic of congenital syphilis though if one confines himself to the classical des ription of Hutchinson clinical and laboratory evidence will usually reveal lues (Authors Note—The evi dence of congenital lues from the standpoint of the teeth in addition to the above are the Gothic Arch Moon s mulberry molar and the so called Carabelli tubercle)

Hutchinson s sign # 3 In congenital syphilis the so called Hutchinson s triad (interstitial keratitis notched teeth and deafness)

Krisowsik s sign In congenital syphilis the superficial cica tricial lines radiating from the mouth An expression of pre viously existing rhagades Note—In riboflavin deficiency small fissures may form at the corners of the mouth

symptom (*continued*)

Signs on the other hand are both obvious and more or less definitive and possess the advantage of being interpreted rather on the basis of morbid physiology than on the patient s mental reaction to a morbid state It is difficult to give a concise formula differentiating signs and symptoms but it seems logical for the most part to classify signs as objective and symptoms as subjective though exceptions to the general rule must be evident

syndrome of brittle bones and blue scleras This is a syndrome consisting of blue scleras fragile bones a tendency to deafness and marked relaxation of the ligaments This disease entity follows the mendelian laws of inheritance appearing as a dominant character More apt to occur in females as a hereditary and familial condition

syndrome of crocodile tears Also known as *Bogorad s syndrome* Described by Bogorad in 1926 More recently cited by L A Russin J A M A. December 23 19 9 Vol 113 No °6 p 2310 The syndrome consists of a paroxysmal lacrimation every time the patient salivates during eating The crocodile (Bogorad) was believed to weep hypocritical tears while devouring its victims Occurs only after peripheral facial nerve palsies No ectropion is present and the tear duct puncta are patent Do not confuse with lacrimation after typical Bell s palsies in which ectropion is present permitting tears to run out of the conjunctival sac

synkinesia mouth and hand See *Saunders*

syphilis

- ***aneurysms*** See under *aneurysm*
- ***aorta sign*** See *Robertson W E sign # 6*
- ***Argyll Robertson pupil*** Which see
- ***Steinhardt s sign*** Which see

syphilis anterior pharyngeal pillar sign in This has been stressed by Biederman though observed by others It is particularly suggestive of latent syphilis in 69 1 per cent of 469 syphilitic patients It must not be confused with the syphilitic enanthem in the secondary phase which may be confined to the anterior pillars but is usually more widespread on the mucous membrane of mouth and pharynx In the latent cases the anterior pillars assume a rather dark dusky red color suggest

syphilis tracheal

Demarquay's sign In syphilis of the trachea the larynx is either fixed or lowered during phonation and deglutition.

syphilis ulnar sign in See *ulnar sign*

syphilitic paresis

Baillarger's sign Known also as general paresis paretic dementia, dementia paralytica general paralysis of the insane cerebral tabes and chronic meningoencephalitis In this condition inequality of the pupils is frequently seen ani ocoria.

syphilitic skin lesions

Elliot's sign # 1 Induration of the margins of a syphilitic skin lesion

Fournier's sign # 1 In syphilitic skin lesions the characteristic is sharp delimitation

sympathetic irritability

Ruggeri's sign When for any reason sympathetic irritability exists as in hyperthyroidism this sign may be elicited This consists of more or less increase in pulse rate following a forced attempt at convergence on near objects

sympathetic nerve involvement For details refer to *Hassin's sign* and the *Langley Sherrington sign*

syphilis congenital (*continued*)

Moon s sign This is a sign of congenital syphilis in which the first molars are small and somewhat dome shaped

Parrot s sign # 2 In congenital syphilis the frontal eminences are apt to be exaggerated These are known as Parrot s nodes or the natiform or 'hot cross bun skull' Other nodes may also occur as osseous residues of periosteal and osteomyelitic lesions especially in tardive cases often with the development of interstitial keratitis

Silex s sign The furrows about the mouth in the e cases. Referred to also as rhagades See *Krisowsik s sign*

Sisto s sign The persistent cry of an infant with congenital syphilis

Wegner s sign This sign consists of a widened and discolored epiphyseal line in infants dying from that disease X ray evidence of epiphyseal changes in congenital syphilis are important diagnostic aids

syphilis dementia paralytica and See *Joffroy s sign # 2*

syphilis dilation of aorta in See *Potain s sign # 1*

syphilis general paralysis in See under *Lechtereu # 2* and *pupillary paradoxic reflex*

syphilis gumma in lung apex See *Pancoast s syndrome*

syphilis inherited See *Hutchinson s # 1*

syphilis and lancinating pain in the leg See under *lancinating pain*

syphilis leg cramps in See *leg cramps in*

syphilis and locomotor ataxia See *Erb Westphal s sign* and *Romberg s sign*

syphilis lymphocytosis in See *lymphocytosis*

syphilis mulberry teeth in See under *teeth*

syphilis pupil reflex in See under *Bechterew # •* and *pupillary paradoxic reflex*

syphilis saddle nose in See *Zaufal s sign*

syphilis and tabes dorsalis See *tabes dorsalis*

syphilis tabetic epigastric reflex in See *tabetic epigastric reflex*

Tansini Pyloric carcinoma In this condition the abdomen is scaphoid unless metastasis exists in the bowel below and then the abdomen is prominent

tap on heel sign See under *appendicitis*

Tapia s syndrome This is characterized by a lower motor neuron type of paralysis of the soft palate and larynx with dysphonia and dysphagia while the hypoglossal affection results in an atrophic type of lingual palsy homolateral The lesion is in the medulla in the 10th and 1°th nerves below the plexiform ganglion and is peripheral in character For other bulbar syndromes see those of Avelli Dejerine # 2 Babinski Nageotte Jackson and Schmidt

Tarnier As evidence of an oncoming inevitable abortion The sign consists of a disappearance of the angle between the upper and lower uterine segments in pregnancy

tarsophalangeal reflex When an organic lesion of the central motor nervous system exists a reflex may be obtained by tapping with a percussion hammer the dorsum of the foot in proximity to the cuboid or external cuneiform bone The reflex consists of dorsal flexion of the toes Usually the second and third or se ond and fifth toes

Tay Known as the cherry red spot met with in amaurotic family idiocy The sign consists of a red spot occurring bilaterally on the retina in the region of the macula (Authors Note—Amaurotic family idiocy is also known as Tay Sach s disease after Warren Tay and Bernard Sachs New York neu rologists)

teeth mulberry These so called *mulberry molars* sometimes referred to as the Fournier tooth are seen in congenital syphilis and are characterized by a defective dwarfing of the cusps and bulging of the crown due to hypertrophy of the enamel When caries develops in such teeth the cusps are replaced by a depress on This pitting the result of de ay and the cross ribbed aspect of the grinding surface of the enamel are respons ble for the term honeycomb molar The process involves the first molars of the second dentition which erupt at about the sixth year *Fournier s sign # 3*

tegmental syndrome Most frequently the result of new growths or conglomerate tubercles in the tegmentum The syndrome consists of a course tremor of the hand on the opposite s de and a third nerve paralysis on the same side as the lesion

tabes and general paralysis

Bechterew s # 2 In tabes and in general paralysis of the insane pupillary dilation on exposure to light may occasionally be seen

tabes dorsalis

Argyll Robertson pupil A miotic pupil light fixed but responding to accommodation Known also as *Vincent s sign*

Frankel s sign *In tabes dorsalis* this sign consists of the loss of tone of the muscles of the hip joint

Gower s sign In tabes dorsalis the oscillations of the iris which occur under the influence of light somewhat *resembling* hippus

Pitres sign # 1 In tabes dorsalis the sign consists of hyperesthesia of scrotum and testes

Remak s sign *In this condition* a double sensation may be experienced with the single prick of a needle

Sarbo s sign The sign consists of analgesia in the distribution of the peroneal nerve

stair sign The awkwardness and difficulty in descending stairs in locomotor ataxia

Vincent s sign Same as *Argyll Robertson pupil*

Westphal s sign The absence of knee jerks *in tabes dorsalis* For further details see *Erb Westphal sign*

tabes dorsalis and paretic dementia See *Biernacki s sign*

tabetic epigastric reflex See *epigastric tabetic*

tache cerebrale

Trousseau s sign # 1 *Occurring in meningitis* but is not *peculiar to that disease The sign consists of the production* of a bright red line where the finger is drawn firmly across the forehead or trunk.

tachycardia auricular *C Laubry D Routier A Vanbogaert have* described *two signs occurring in auricular tachycardia* which they believe will permit the making of a clinical diagnosis These signs are (1) Anisosphygmia or *inequality of* the pulse (2) *the development of a third sound in* diastole alternating type *or the aperiodic or irregular type the three* sounds being composed of two normal sounds to which is added a third dull sound and this *may be quite variable in time* in relation to the two sounds

tetany facial reflex *(continued)*
more particularly when the mouth is open then a sharp mus cular contraction results

Hochsinger s sign # 2 In tetany if pressure is made on the inner side of the biceps muscle the hand will promptly clo e in a fist formation.

Hoffmann s sign # 1 In tetany an increased mechanical irritability of the sensory nerves Weak galvanic currents as well as pressure may cause paresthesia and even pain

Kashida s sign The sign consists in the development of hy peresthesia and muscle spasms following the application of heat or cold This sign is also referred to as the thermic sign of tetany

mechanical grip When the hand of a patient is contracted as in tetany for instance and the examiner inserts a finger into the hand so contracted the patient s grip will relax when the hand is passively flexed on the forearm

Pool s sign This occurs in tetany and consists of a spasm of the muscles when a mechanical stimulus such as compres sion is applied to the brachial plexus or to the sciatic Either flexors or extensors will respond depending upon the site of me hanical stimulus

Schlesinger s sign The sign consists of an extensor spasm at the knee joint with marked supination of the foot induced by holding the patient s leg at the knee joint and at the same tim flexing the thigh at the hip

Schultze s sign # 1 See *Chvostek s sign* of tetany which is the same

Schultze s sign # 2 Also known as the *tongue phenomenon* In the presence of tetany the sign cons sts of contraction with depres ion at the site of the tongue where it is lightly struck

Trousseau s sign # 2 A sign of tetany consisting of a mus cular spasm when pressure is made over large arteries or nerves

Weiss sign The facial mus le contraction which follows light tapping or percussion in tetany neurasthen a and some times in hysteria (Authors Note—As far as tetany is con cerned this is pract cally synonymous with *Chvostek s sign*)

zygomatic reflex In this condition the normal zygomatic reflex becomes exaggerated

Tellais The pigmentation of the eyelids occasionally met with in exophthalmic goiter

Ten Horn Appendicitis is to be suspected if moderate traction of the right spermatic cord causes pain

tendon reflex This implies a deep reflex as in the case of the knee jerk or patella tendon reflex

tendon reflex Achilles Absent on the affected side in sciatica. See *Achilles*

terminal regional ileitis See *Kantor s sign*

testicle compression reflex

Kocher s reflex When the testicles are moderately compressed or squeezed reflex contraction of the abdominal muscles takes place

testicle torsion and epididymitis

Roche s sign This is designed as a differential sign between torsion of the testicle and epididymitis In the former it is not possible to distinguish the epididymis from the testicle but in the latter the epididymis can be felt plainly as an indurated area superimposed upon the testicle

Testivin During the incubation of infectious diseases the sign consists of the formation on the surface of urine of a collodion like pellicle To perform the test first remove the albumen then add an acid and 1/3 the volume of ether

tetany

Chvostek s sign In tetany from any cause tapping on one masseter muscle with the mouth partly open produces spasm It is due to hyperirritability of the nerves in this condition and Chvostek deals particularly with the area innervated by the seventh nerve The resulting movements are of a clonic character Schultze's phenomenon is a similar reaction following mere stroking of the cheek in excessively hyperactive states

Erb s sign # 1 In tetany the increased irritability of motor nerves to the electric current

Escherich s sign The peculiar muscular contraction of the lips resembling a goat s snout induced by percussion of the labial mucosa A sign of tetany

facial reflex Very pronounced on tapping the facial muscles especially their fascial areas with a percussion hammer

thorax tumors within

Sterles sign In tumors within the thorax this sign consists of a marked pulsation over the cardiac area.

Thornton This sign is as ' described by Thornton subjective and consists of severe pain in the flanks in nephrolithiasis (Authors Note—This is much less definite and specific than the description given by the late Sir James MacKen ie in his book Symptoms and Their Interpretation in which he de scribes both plus tension and tenderness over the region of the crest of the ilium of the affected side from behind forward as the stone passes down the ureter In the most acute cases hyperesthesia is also present over the ilium.)

Throckmorton s reflex This is essentially a variant of a Babin ski plantar reflex and is met with under similar conditions When the dorsum of the foot is struck by a percussion hammer in the metatarsophalangeal region the great toe extends and the remaining toes flex

thrombosis

Mahler s sign In thrombosis the pulse may continue to in crease in rate without corresponding elevation of temperature

thrombosis coronary See *Burl len s sign*

thrombosis spontaneous visceral cancer in For details see *Trousseau s sign # 5*

thrombosis of transverse sinus

Griesinger s sign In thrombosis of the transverse sinus an edematous swelling develops posterior to the tip of the mas toid process

thymus suprarenal pituitary compensatory syndrome Same as *Timme s syndrome* which see

thyroid aberrant tumor of See *Pancoast s syndrome*

thyroid disease The following signs and syndromes pertain to conditions of thyroid disease

Abadie s sign	*Gifford s sign*
Ballet s sign	*Glenard s synd ome*
Becker s sign	*Goetsch s sign*
Boston s sign	*Graefe s sign*
Bryson s sign	*Grocco s sign # 2*
Coh n s (S Solis) sign	*Guttmann s sign*
Dalrymple s sign	*Jellinel s sign*

tetany organic spastic conditions

Strumpell s sign # 3 This consists of inability to close the hand without dorsal extension at the wrist Radialis sign of paresis of radial nerve

thalamic syndrome Same as *Dejerine Roussy syndrome* It results from hemorrhage or softening of the optic thalamus The syndrome consists of a mild hemiplegia usually transient with hemiataxia and hemianesthesia on the side opposite to the lesion some degree of asteriognosis deep seated pain on the hemiplegic side and continuous athetoid movements on the paralyzed side and, frequently hemianopsia.

thalamus

Nothnagel s sign In tumor of the thalamus paralysis of the facial muscles occurs particularly in relation to movements associated with the emotions

Thelmich Lip sign This consists of a pouting of the lips when the orbicularis oris muscle is firmly tapped or palpated

thermic sign of tetany The sign consists in the development of hyperesthesia and muscle spasms following the application of heat or cold This sign is also referred to as *Kashida s sign*

Thomas This sign consists of a compensating lordosis which may occur in flexion of the hip joint

Thomayer Robertson W E In diffuse peritonitis the omentum contracts and draws up to the left side of the abdominal cavity Hence when the patient is recumbent the right side is tympanitic and the upper left is dull. This sign therefore offers to some extent a differential diagnosis between inflammatory and noninflammatory abdominal effusions

Thomson Synonymous with *Pastia s sign* This occurs in scarlet fever and consists of two or three transverse lines occurring in the fold of the elbow These lines are a bright ro e red color when they first appear but later become a darker red or even a maroon color They may be seen before the rash develops and persist through the stage of eruption and even for some time during the period of desquamation

thoracic aorta aneurysm of

Bozzolo s sign Visible pulsation of the arteries within the nostrils

Drummond s sign A short aspirate sound or whiff may be heard when the patient s mouth is open during respiration

Timme s syndrome This syndrome is often referred to as the multiglandular syndrome al o as the thymus suprarenal pituitary compensatory syndrome and also as the status thymicolymphaticus syndrome The syndrome consists of low blood pressure poor muscle tone poor resistance to infection easy fatigability, delay in development late appearance of sec ondary sex characteristics delayed epiphyseal union and not seldom a predisposition to low blood sugar to acidosi and to delayed coagulation time of the blood These individuals usu ally have an enlarged thymus and a tendency to a generalized lymphadenopathy and are poor risks for general anesthesia Intercurrent asthmatic attacks the so called thymic or Kopp's asthma ' are a feature in some

Tinel Known also as the *distal tingling on percussion sign* and *formication sign* It is elicited when percussion is made over the region of a divided nerve The tingling sensation resulting in the distal portion of the limb suggests regeneration of the nerve

toe reflex A normal phenomenon When the great toe is strongly flexed all the mu cles of the lower extremity below the knee become tense This is accentuated in lateral column disease and in disseminated sclerosis

toe sign This is essentially Babinski s plantar reflex which oc curs normally in children up to the age of about 18 months or occasionally even to two years At a later period of life this sign or reflex is indicative of organic hemiplegia or of a lesion in some part of the pyramidal tract This is but one of several signs in which the characteristic feature is dorsal extension of the great toe For further details see under Babinski

Toma Synonymous with *Thomayer Robertson sign*

Tommasi Occurs in those of gouty type of exclusively adult males and consists of alopecia on the posteroexternal portion of the legs

tongue sign

***Schultze s sign* # 2** Seen in tetany and likewise known as the tongue phenomenon and tongue dimpling sign In the presence of tetany the sign consists of contraction with de pression at the site of the tongue where it is lightly stru k

thyroid disease *(continued)*

Jendrassik s sign
Joffroy s sign # 1
Kocher s sign
Lowy s sign
Lucatello s sign
Mann s sign # 1
Maranon s sign
Marie s sign
Mobius sign
Pancoast s syndrome
Piesman s sign # 1
Rosenbach's sign # 3
Rothschild s sign # 2
Puggeri s sign
Snellen s sign
Stellwag s sign
Sucker s sign
Tellais' sign
thyroid sign
Vigouroux s sign
Wilder s sign

thyroid sign In hyperfunctioning thyroid In individuals whose thyroid is overfunctioning a fall in systolic pressure and a retardation of pulse rate may follow an injection of thyroid extract or thyroxin At the same time, the oculocardiac reflex persists This reflex consists in a slowing of heart rate attendant upon compression of the eyeballs A moderate slowing is normal not over five to ten beats but if the rate is slowed ten or more the reflex is said to be exaggerated and when marked increase in the rate follows ocular compression the reflex is said to be inverted

tibial sign or phenomenon

Strumpell s sign # 1 This sign is met with in paralysis of the leg and consists of dorsal flexion of the foot when the attempt is made by the patient to flex the thigh upon the trunk

tibioadductor reflex This is more complex than most reflexes and less reliable than many and not often employed When the tibia is struck on its inner side with the percussion hammer adduction of the homolateral leg results and sometimes adduction of the contralateral leg It is a periosteal reflex hence proprioceptive and sometimes referred to as kinesthetic It is found in normal individuals only when the patella reflex responds excessively and of course under these conditions has no other significance than an exalted response to an irritable nervous system or lack of inhibition In pyramidal tract disease it is usually unilateral and associated with a hyperactive patella reflex It is associated with the fourth lumbar segment the patella with the third lumbar and the Achilles with the fifth lumbar segment A comparable periosteal radial reflex may be elicited in the arm and when this is possible it occurs in conjunction with other hyperactive reflexes

tracheal tug Oliver s sign (*continued*)
portion of the thoracic aorta e pecially of the saccular type met with in syphilis Porter s sign is essentially the same as Oliver s tracheal tug while Cardarelli s and Castellino s signs are variants (Ref —Oliver W S Physical Diagnosis of Thoracic Aneurysm Lancet 1878 pt ° p 406)

tracheobronchial adenopathy
Cattaneo s sign Tracheobronchial adenopathy is suggested when heavy percussion over the spinous processes of the dorsal vertebrae causes red areas to appear directly over the processes percussed

Traube In aortic regurgitation the sign consists of a faint double sound heard when auscultation is practiced over th femoral arteries (Authors Note—These sounds are not to be confused with the so called pistol shot heard during systole over the femoral or in the antecubital space nor with Duroziez s sign)

traumatic neurosis
Mann s sign # 2 In traumatic neuroses there is a lessening in resistance of the scalp to a constant ele tric current
Rumpf s sign # 1 The sign or reaction consists of alternating fibrillary and tonic contractions which develop immediately following strong faradization

traumatic rupture of artery
Wahl s sign # 2 When for any reason such as traumatism an artery is partially divided a more or less harsh systoli sound will be heard directly over the divided vessel

traumatic separation of the epiphysis of the great trochanter
Ludloff s sign In th s condition the patient is unable to raise the thigh when in a sitting position and swell ng and ecchymosis appear at the base of Scarpa s triangl (Scarpa s triangle now termed the Trigonum Femorale according to the Basle Nomina Anatomica)

Trelat
1 In the presence of tuberculous ulcers of the mouth th s sign cons sts of small yellowish spots adjacent to the ulcers
2 *Leser Trelat s sign* which see

trepidation sign Also called the *patella phenomenon* This is most marked as a sign of lateral tract disease and disem

tonic reflex This is essentially dependent upon the time factor A definite and appreciable length of time supervenes before the relaxation of the reflex Under normal conditions individual posture depends *upon tonic reflexes*

torsion of the testicle and epididymitis

Roche s sign This is designed as a differential sign between torsion of the testicle and epididymitis In the former it is not possible to distinguish the epididymis from the testicle but in the latter the epididymis can be felt plainly as an indurated area superimposed upon the testicle

Tournay s sign With extreme lateral abduction of an eye the pupil of this eye manifests a dilation This unilateral dilation occurs after an interval of a few seconds and persists during maintenance of lateral fixation and is usually the seat of hippus at the same time This sign was reported by Tournay but Gianelli is said to have antedated him This sign is said to be present in every case of Horner s syndrome This latter syndrome follows paralysis of the cervical sympathetic and consists of miosis ptosis enophthalmos and the absence of sweating on the affected side Tournay s publication appeared in 1927

tourniquet

Richardson s sign If a tourniquet be applied to a limb the veins on the distal side become more or less distended and prominent during life but this fails in death

toxicology

alcoholic poisoning See under *poisoning*

chloroform and chronic alcoholic cirrhosis See *Frank s sign*

cocaine addicts See *Magnan s sign*

See *selenium poisoning syndrome*

trachea or bronchus foreign body in

Jackson s sign # 3 In foreign body in the trachea or bronchus when the ear is placed close to the mouth of the patient a wheezing sound is heard which has been called the asthmatoid wheeze

tracheal tug

Oliver s sign Objective sign or physical sign so named because the sign is one which can be *seen felt or heard by the examiner Met with in some cases of aneurysm of the upper*

Trousseau (*continued*)

2 A sign of tetany consisting of a muscular spasm when pressure is made over large arteries or nerves.

3 This sign was first described by Trousseau in 18(– but was practically unknown generally until Dr A E Thomson called attention to it in the Birmingham Medical Review early in 19–8 The sign consists of a spontaneous thrombosis in upper and lower extremities in the course of visceral cancer Since Trousseau s day x rays have somewhat minimized the difficulties of diagnosis Trousseau spoke of its value in cancer of the stomach not revealed by the usual clinical methods He further stated that it was not due to pressure and is apparently not due to infection as the cases are afebrile Dr Thomson found no evidence of malignant implantation in the venous wall and suggests some chemical change in the blood as the probable cause

tubal pregnancy

Golden s sign In tubal pregnancy a variable degree of pallor of the uterine cervix has been described

tuberculosis See *Glenard s syndrome*

tuberculosis of bronchial glands See under *glands*

tuberculosis of bronchial lymph nodes See under *nodes*

tuberculosis of childhood

Hochsinger s sign # 1 In tuberculosis of childhood in dicanuria is a finding sufficiently frequent to warrant its acceptance as a sign.

tuberculosis early pulmonary

Abraham s sign In early tuberculosis involving the apex of one or other lung an impaired note from dull to flat developing on percussion over the acromion process

Burghart s sign In early stages of pulmonary tuberculosis fine rales may be heard over the anterior inferior margin of the lung

Grossman s sign The sign consists of d lation of the heart as determin d by percussion (Authors Note—If one were in previous possess on of an orthod agram or teleroentgenogram of the heart a subsequent study under these conditions might prove of value indicat ng a yielding of the heart muscle Generally the heart is relat vely small in the tuberculous)

trepidation sign (*continued*)
inated sclerosis and is the result of an exalted reflex tate Consequently it may be seen in extremely nervous individuals in whom inhibition is lessened but it is then bilateral. It is elicited by a sudden downward push upon the patella by the examiner For a few moments subsequently more or le s pro nounced downward movements of the patella take pla e See *ankle clonus*

Tresilion Occurring in mumps the sign consisting of a reddish more or less swollen Stensen s duct

Tressder s sign See under *appendicitis*

triceps reflex This is known also as the *elbow reflex* This may be obtained under normal conditions but it becomes an exag gerated phenomenon in hemiplegia di seminated sclerosis and in certain forms of pyramidal tract disease When the forearm is held loosely at an angle to the upper arm, tapping upon the triceps tendon with a percussion hammer above the bend of the *elbow causes more or less sharp extension of the forearm*

Trimadeau When stricture of the esophagus occurs if the prox imal dilation is cone shaped the stricture is regarded as benign *or fibrous When cup shaped proximally the cause is malig* nant To be seen fluoroscopically

trochanter great separation of epiphysis of
Ludloff s sign In traumatic separation of the epiphysis of the great trochanter the patient is unable to raise the thigh when in a sitting position and swelling and ecchymosis appear at the base of Scarpa s triangle (Scarpa s triangle now termed the Trigonum Femorale according to the Basle Nomina Ana tomica)

Troisier A sign of intraabdominal malignancy or of retrosternal tumor Consists of lymph gland enlargement above the clavicle (Authors Note—This is sometimes referred to as Virchow s gland because described by Rudolph Virchow in 186)

Tromner This is synonymous with *Hoffmann s sign # 2*

Trousseau
1 This is also known as the Tache Cerebrale de cribed by Trousseau as occurring in meningitis but is not peculiar to that di ease The sign consists of the production of a bright red line where the finger is *drawn firmly across the forehead* or trunk

tuberculosis pulmonary apical lesions ***Pottenger s sign # 2*** *(continued)*
gresses the rigidity diminishes to a threshold below that of the sound lung (Authors Note—In very acute processes tension is proportionately exaggerated)

tuberculosis pulmonary capillary pulse See *capillary pulse*

tuberculosis pulmonary with cavity formation

coin sign Which see

Seitz s sign Which see

Gerhardt's sign # 2 In pneumothorax with effusion the change of position of the patient produces change in percus sion note (Note—This sign is closely allied with the signs of *Friedreich* and *Wintrich* These have been given in detail under the caption *cracked pot sign*)

tuberculosis pulmonary consolidation See *Shibley s sign*

tuberculosis pulmonary with otitis media See *Michelson Weiss sign*

tuberculosis pulmonary pneumonic phthisis See *Jurgensen s sign*

tuberculosis vertebral

Angelescu s sign Inability to bend the spine when lying on the back Unable to flex the spine so as to rest on head and heels O curs in tuberculosis of the vertebrae

tuberculous caries

Rust s sign Neoplasm and tuberculosis of the cervical spine This s gn consists of weakness of the cervical spine and pain which causes the patient to support the head with the hands during movements of the bo ly

tuberculous meningitis See under *meningitis*

tuberculous ulcers of the mouth

Trelat s sign # 1 In the presence of tuberculous ulcers of the mouth this sign consists of small yellowish spots adjacent to the ulcers

tumor

Oliver s sign # 2 If a tumor is found anterior to the uterus in the case of a young single woman especially it is most l kely to he a dermoid cyst Same as *Olshausen s sign*

Pancoast s syndrome Which see

tumor cerebellum See *Lindau s syndrome*

tuberculosis early pulmonary (*continued*)

Lombardi s sign In early pulmonary tuberculosis varicosities of the veins in the region of the spinous processes of the s venth cervical and first three dorsal vertebrae may occur This is also referred to as the ' varicose zone of warning "

Roussel s sign This is a sign of early pulmonary tuberculosis of the apical type It consists in the induction of more or less pain on light percussion over the subclavicular region down to the fourth rib See *Francke s sign*

tuberculosis incipient

Loren s sign In incipient tuberculosis rigidity of the spinal column may develop especially involving the vertebrae of the thoracic and lumbar regions

tuberculosis pulmonary

Delmege s sign In pulmonary tuberculosis an early sign is flattening of the deltoid

D Espine s sign # 2 In pulmonary tuberculosis bronchophony is heard on auscultation over the spinous processes extending to a lower level than in the normal

Frèdèricq s sign In pulmonary tuberculosis the presence of the red line on the gums at the margins of the teeth

Jackson s sign # 2 In tuberculosis prolongation of the *expiratory element particularly over the affected part of the* lung

Riviere s sign This sign consists of a change in the percussion note suggestive of an area of increased density across the back in the region of the spinous processes of the fifth sixth and seventh dorsal vertebrae

Rothschild s sign # 1 An unusual flattening and mobility of the sternal angle This known also as Louis angle sometimes erroneously called Ludwig s angle is that region of the sternum between the manubrium and gladiolus

vagus reflex Elicited by pressure over the vagus trunk in the neck Exalted sensitiveness results in disturbances of rate or rhythm of heart and respiration

See *visceromotor viscerosensory* and *viscerotrophic reflexes*

tuberculosis pulmonary apical cavity See *Erni s sign*

tuberculosis pulmonary apical lesions

Pottenger s sign # 2 An increase in tension can be felt in relation to and over the involved area As the disease pro

tumor spinal ***Queckenstedt s sign*** (*continued*)
importance When the spinal fluid pressure is taken under normal conditions and pressure is made over one or both jugu lar veins there will be a rapid rise in spinal fluid pressure to fall again when pressure is released When for any reason there is a block in the spinal canal there will be little or no rise of pressure resulting from pressure upon the jugular veins

See *reverse Queckenstedt sign*

See *Weinberg s syndrome of spinal cord tumor at the fora men magnum*

tumor suprasulcus *Pancoast s syndrome* which see

tumor uterine

Oliver s sign # 2 If a tumor is found anterior to the uterus in the case of a young single woman especially it is most likely to be a dermoid cyst

tumor within the thorax

Sterles sign In tumors within the thorax this sign consists of a marked pulsation over the cardiac area

Turner Acute pancreatitis Consists of discoloration of the skin in the loin

Turyn A sign occurring in sciatica. When the patient s great toe on the affected side is flexed pain will be experienced in the gluteal region

twisted cord appearance sign For details see *Weber s sign*

Ty reflex This is an analogue of the postural reflex and at the same time a defensive reflex purely instinctive because met with only in young infants It consists of a sudden reflex grasping of mother or nurse by the infant when it is startled

tympanic injection As a precursory sign of measles For com plete details refer to *Bespaloff s sign*

typhoid fever

Baruch s sign The rectal temperature is resistant to a bath of 7 F for 15 minutes

Brown s dipping crackle sign When perforation occurs in this condition a fine crackling sound may be heard when the bell of the stethoscope is suddenly dipped into the right iliac fossa

Filopovitch s sign Yellowing of the palms and soles in ty phoid fever Also known as the *palmoplantar sign*

tumor cerebral

Roser Braun s sign This sign consists of absence of pulsa tion of the dura when a tumor or abscess of the cerebrum exists

tumor congenital sarcoma of liver and suprarenal gland See *Pepper s syndrome*

tumor or fluid in the maxillary antrum

Davidsohn s sign Tumor or exudate in the maxillary antrum is indicated when illumination of the pupil is decrea ed during transillumination by means of an electric light placed in the mouth

tumor intraabdominal or retrosternal

Troisier s sign Consists of lymph gland enlargement above the clavicle (Authors' Note—This is sometimes referred to as Virchow s gland because described by Rudolph Virchow in 1867)

tumor intrathoracic

Sterles sign In tumors within the thorax this sign consists of a marked pulsation over the cardiac area

tumor mediastinal

Kussmaul s sign # 2 In mediastinal tumors and in medi astinal pericarditis the excessive fullness of the jugular veins on inspiration

Perez s sign In aneurysm of the aortic arch and in medi astinal tumors a friction sound may be heard on auscultation over the sternum while the patient raises and lowers his arms

tumor ovarian See *arrhenoblastoma syndrome*

Twenty per cent of these tumors are malignant but if re moved do not metastasize and conservative surgical mea ures are justified They are most apt to occur in young women

tumor retrosternal or intraabdominal

Troisier s sign Consists of lymph gland enlargement above the clavicle (Authors Note—This is sometimes referred to as "Virchow s gland because described by Rudolph Virchow in 1867)

tumor spinal

Queckenstedt s sign In spinal tumor or local serous menin gitis involving the cord external pre sure as from aneurysm or primary or secondary tumor invading the cord In short in any form of spinal block Queckenstedt s sign is of diagnostic

U

Uhthoff The nystagmus which occurs in disseminated sclero is

ulcer craterlike See *Carman s meniscus sign*

ulcer gastric

Haudek s sign In penetrating gastric ulcer the so called *Haudek s niche* can be visualized as a projecting shadow due to presence of bismuth in the lesion Seen fluoroscopically or even more definitely on an X ray film

ulcer gastric carcinoma and

Zugsmith s sign It consists of an area of percussion dullness in the second interspace extending beyond the sternum on each side

ulcer gastric and duodenal

Mendel s sign In gastric and duodenal ulcer an area develops in the epigastrium about four to five centimeters in diameter which *is tender on* percussion (Authors Note—The gastric area is repr sented in the midline of the epigastric regi n from xiphoid to umbil cus and from cardia to pylorus Acute and *subacute lesions therefore* are represented in the area named and from above downward a *cording to the site* of the lesion This afferent efferent arc or the comp onents of this *afferent efferent* reflex arc are the sympathetic and the sensory motor tracts respectively Hence gastric lesions *have* a higher representation than duodenal The sign consists of hyperesthesia tenderness and exalted tension in the most acute cases and more or less tenderness and *tension e pe ially on* pinching the tissue constituting the midline in the uba ute cases The duodenal ulcer is repre ented in the midline from the navel upwards to an inch and a half above *an l gastric* ulcer still higher in the midl ne depending upon the site of the ul er In long *standing ulcer* cases the sign fails because of exhaustion of the reflex arc)

ulcer duodenal

Cole s sign Roentgenographic evidence of deformity of the duodenal cap n duodenal ulcer cholelith asis or when ad h ions oc u in that regi n

Gunsberg s sign In duodenal ul er a resonant area may be found between the gallbladder and pylori *recions on* percussion and borborygmi in this area upon auscultation

typhoid fever (*continued*)

Goggia's sign In typhoid fever and prolonged exhausting diseases muscular fibrillation may be induced by first striking the biceps especially with a percussion hammer and then immediately pinching the part This contraction is localized in contradistinction to the fibrillary contraction similarly induced in health which then extends the length of the muscle This is referred to in greater length under *Goggia*

Lesieur's sign In typhoid fever the impairment of resonance on percussion over the right lower thorax posteriorly (Authors Note—In any long continued fever or in any condition in which the right heart fails a similar impairment on percussion is to be found at the base of the right chest posteriorly It must not be forgotten that when the liver is enlarged dullness will exist at the right base but this dullness will then extend to the left of the midspinal line as mentioned under *Grocco's sign # 3*)

Stocker's sign If the attempt be made to lower the bed clothes covering a typhoid patient in his clouded lethargic state he pays no attention A patient with tuberculous meningitis, however manifests some resistance and attempts to replace the bed covers

typhoid fever and corneal opacities As a sign of impending death Refer to *Brunati's sign*

typhoid fever and pneumonia See *Brunati's sign*

unilateral dilation of pupil *Tournay s sign* (*continued*) Horner s syndrome This syndrome follows paralysis of the cervical sympathetic and consists of miosis ptosis enophthalmos and the absence of sweating on the affected side Tournay s publication appeared in 19_7 and it is said by Franchetti that Gianelli had previously described this sign

Unschuld A sign indicative of incipient diabetes consisting of cramps in the calves of the legs (Authors Note—Cramps in the legs may occur in peripheral neuritis from any cause and they are not uncommon in thos having varicose veins In Ireland and occasionally among the English where excessive amounts of tea are consumed cramps in the legs are said to be a manifestation of this habit They may also be a manifestation of intermittent claudication of Buerger s disease of senile vascular degeneration and of tabes dorsalis It must not be forgotten too, that deformities of the feet food deficien y especially vitamin B_1 and nutritional edema in extrem cases may invite cramplike pains in the lower extremities

upper lid lag in exophthalmic goiter

Graefe s sign The sign consists of a lag of the upper lid during the downward movement of the eyeball

ureteral calculus

Sumner s sign When increase in tens on of the abdominal muscles is found on superficial palpation of the right iliac fossa it is indicative of appendicitis stone in the ureter or an ovarian cyst with a twisted pedicle

ureteral calculous reflexes For details of reflex phenomena see *visceromotor vis erosensory* and *viscerotrophic reflexes*

ureteral reflex This may occur after ureteral catheterization or as a result of stone in the renal pelvis and more particularly in the ureter itself The arc is of the usual visceral type dependent upon sympathetic irritation primarily next, irritation of the cord center corresponding to the sympatheti distribution in the cord and third the peripheral expression via the sensory motor arc emanating from this portion of the cord In this reflex the mu cles over the crest of one or other iliac region become hyperesthetic more or less tense and tender and this may extend down to the genitalia.

ulcer peptic gastric or duodenal Leotta s sign of perivisceral adhesions For details see *Leotta*

See also *hunger pain syndrome*

ulcers tuberculous of mouth

Trelat s sign # 1 In the presence of tuberculous ulcers of the mouth this sign consists of small yellowish spots adjacent to the ulcers

ulnar sign Which consists of analgesia in the area of the ulnar nerve of one side Frequently present in the insane excluding general paresis

unconditioned reflex This is necessarily the antithesis of the so called conditioned reflex of Pavlow and Adrian Practically every reflex which is not the result of special training not therefore induced by repetitive stimuli is unconditioned and dependent upon a mechanism which is inherited rather than *acquired*

unequal nares sign J H Lemar of New York states that the presence of unequal nares has proved of value in the diagnosis of supranuclear nuclear or peripheral nerve lesions involving the facial nerve Its greatest value is found when the patient is unconscious or in hemiplegia The pathologic naris shows a filling in of the ala on the side involved often revealing a total collapse of this structure This complete collapse is seen in nuclear and peripheral nerve involvement In supranuclear lesions inspection will show that the involved side is not only narrower but the pear shaped contour has disappeared and the position of the ala has shifted while the normal ala retains its characteristics In fractures of the base of the skull in which the middle fossa is involved especially when the fracture extends through the mastoid and aqueduct the naris in unconscious patients shows a total collapse on the involved side In the refrigerating type of Bell s palsy cases are seen in which the entire nose is pulled over to one side

unilateral dilation of pupil

Tournay s sign This sign consists of a unilateral dilation of the pupil of the eye on extreme external lateral fixation The dilation begins after an appreciable length of time estimated at three to five seconds following the extreme abduction and persists during the period of abduction Hippus is not unusual This sign is said to be a constant accompaniment in

V

vagoaccessory hypoglossal syndrome See *Jackson s syndrome*

vagoaccessory syndrome Same as *Schmidt s syndrome* which see

vagotonic reflex Whatever the cause of the initial impulse and this is not definitely known as is true of epilepsy autonomic or pneumogastric irritation may result in a hypertonic state of the vagus nerve This heightened reflex is called vagotonia. The clinical expression may be very variable, the bradycardia arrhythmia, vague cardiac discomfort alteration in respira tory rate and rhythm attacks resembling bronchial asthma gastric hyperacidity and increase in gastric motility and epi gastric discomfort even pain The importance of vagotonia lies particularly in its ability to simulate angina pectoris As Eppinger and Hess pointed out large doses of atropine relieve this condition while pilocarpine increases the reflex

vagotonic syndrome This term is applied to any group of symptoms in vagotonia These symptoms include the following, Constricted pupils epiphora hyperhidrosis flushing dermo graphism increased salivation bradycardia low blood pres sure hyperacidity hypermotility pylorospasm vomiting diar rhea gnawing epigastric pain biliary colic increased carbo hydrate tolerance not sensitive to adrenalin very little increase in cardiac rate with the use of atropine pilocarpine produces salivation and sweating This group of symptoms was de scribed by Epping r and Hess

vagus nerve exalted irritability of

Erben s sign or **reflex** This sign is said to indicate exalted irritability of the vagus nerve It consists of a slowing of the puls when the head and trunk are bent slowly forward

vagus nerve instability of cardiac portion

Somagyi s sign Also referred to as Somagyi s reflex Is said to be a manifestation of instability of the cardiac portion of the vagus The sign consists of dilation of the pupils on deep inspiration and contraction on full expiration

vagus nerve stimulation or irritation Under such a condition the normal oculomotor or As hner reflex will be exaggerated. For details see *Aschner s reflex*

urinary calculus In the Annals of Surgery, April 1938 Dr J D Barney describes a sign occurring in the abdominal wall which may be called Barney's point This point may be found on the right or left side of the abdomen, depending on the ureter involved the point being at the terminus of a line drawn at right angles to a line from the umbilicus to the anterior superior spine Finger tip pressure is said to reveal tenderness at Barney s point in about 41 per cent of cases in which a calculus exists in the lower third of the ureter For further aid in the recognition of ureteral calculi refer to the ureteral reflex

urinary extravasation

Brodie s sign # 1 Urinary extravasation into the corpus spongiosum is manifested by an area of blackness on the glans penis

urinary reflex This is a normal phenomenon but may be lost under pathologic conditions as when overdistention of the bladder or a cord lesion occurs When under normal conditions urine accumulates in the bladder a desire to void is the natural result

urinary retention For details see *urinary reflex* and *vesical reflex*

Uriolla Consisting of melaniferous granules (blood pigment) in the urine of patients with severe malaria (Authors Note—Melaniferous pigment is also to be seen in the so called melaniferous leukocytes In blackwater fever or hemorrhagic malarial fever a severe form met with in the tropics or in those who have recently returned from the tropic excessive hemolysis may occur and hemoglobinuria may develop Whether the excessive ingestion of quinine is a factor is still an open question It is to be noted too that extreme cold or excessive fatigue may cause a paroxysmal hemoglobinuria)

uterine cervix malignant disease of

Spiegelberg s sign Met with in malignant disease of the uterine cervix the sign consists of a sensation of friction against wet India rubber imparted to the examining finger

uterus rupture of the

Hoehne s sign During the puerperium if uterine contractions are persistently absent despite repeated injections of pituitary extract this is looked upon as a sign of rupture of the uterus

See *Cullen s sign # 3*

vascular lues or meningomyelitis (*continued*)

depend upon the special region of root zone area involved If in a limb spasticity results with flexion or extension and in the abdominal wall rigidity, often coupl d with severe pain as so often exemplifie l in tabes dorsalis

vascular reflex This may be expressed as a constriction or dila tion of a vascular trunk or area the result of mental or physi cal irritation Blanching or blushing of the face affords the best example This is essentially a normal response

vasoconstriction development

Livierato s sign This consists of the development of vaso constriction due it is believed to irritation of the abdominal sympathetic resulting from a sharp troke over the anterior abdomen along the xiphoumbilical line

vasovagal reflex This has many points in common with vago tonia It was first described by Bonnier in his work on vertigo under the name of syndrome medullaire Gowers l kewise discussed it in some detail under the head vagal and vasovagal attacks (Authors Note—Gowers justified the vagal portion of the reflex because of epigastric discomfort ardiac dis comfort and the sensation of respiratory constriction and in some the fear of impending death as in angina pectoris The vasal portion of the de ignation he justified because of surface pallor and cold extremities Gowers however called attention to mental changes even s mconscious states during the most profound attacks and as ociate l them with migraine on the one hand and mild epileptiform conditions on the other)

vein sign In tuberculosis of the bronchial glands more or less obstructive congestion of a vein formed by the junction of the thoracic and superficial epigastric veins may be seen in the midaxillary line

venous congestion midaxillary linear

vein sign In tuberculosis of the bronchial glands more or less obstructive congestion of a vein formed by the junction of the thoracic and superficial epigastric veins may be seen in the midaxillary line

Verbrycke s syndrome Also known as *syndrome of cholecysto hepatic flexure adhesions* This syndrome results from the presence of localized adhesions of the hepat c flexure of the

vagus reflex This is said to occur in pulmonary tuberculosis and implies an abnormal sensitiveness to pressure over the vagus nerve Changes in rate or rhythm of the heart or in respiratory rate or rhythm may be thus produced

Vanbogaert A Laubry C Routier D sign For details refer to *Laubry*

Vanzetti In sciatica In this condition the pelvis always maintains a horizontal position despite any induced degree of scoliosis unlike other conditions in which scoliosis occurs the pelvis then being tilted

Varela Fuentes and Irala Describe a roentgen sign of acute psoas muscle disease This sign consists of a deformity of the x ray shadow of the psoas muscle This shadow is wider than that of the muscle of the normal side and is convex in outline from the first lumbar vertebra to the iliac crest On the normal side the outline of the muscle is straight It is said that this deformity appears early and is of particular value when the infected area exists in the upper portion of the muscle

vascular headache syndrome This was described by Horton MacLean and Craig of the Mayo Clinic. They believe their observations justify the recognition of a type of headache 'classical in its symptomatology and unique in its response to histamine The patients were in the fourth and fifth decades of life

The syndrome consists of severe headache at times so violent as to threaten self destruction The pain is unilateral involving the eye temple neck and often the face and frequently marked tenderness on pressure over branches of the external and common carotid artery Sudden onset and disappearance of the attacks never tic like with a tendency to periodicity at night though also occurring during waking hours associated with swelling of temporal vessels conjunctival injection enlargement of soft tissues of the eye running of the eye and nose swelling of the nasal mucosa and flushing of the side of the face and occasionally nausea Despite the evident vasodilation prompt response to minute doses of histamine was obtained The authors of this suggest the term "erythromelalgia of the head ' as descriptive of this entity

vascular lues or meningomyelitis In su h condition from any cau e a so called critical reflex may suddenly pre ent itself as an expression of the underlying pathology Its site will

Vernet syndrome (*continued*)
of sensation in the larynx resulting from involvement of the 9th 10th and 11th cranial nerves

This syndrome is the same as the *jugular foramen syndrome* A fracture at the base of the skull which involves the jugular foramen on one side may be the exciting factor

vertebrae tuberculosis of
Angelescu s sign Inability to bend the spine when lying on the back Unable to flex the spine so as to rest on head and heels

vertebrae cervical malignant disease or tuberculosis of
Rust s sign This sign consists in weakness of the cervical spine and pain which causes the patient to support the head with the hands during movements of the body

vesical reflex This is a normal reflex expressed as a desire to void whenever the bladder is overdistended (See *urinary reflexes*) It is interesting to note that in pelvic peritonitis or low typhoid fever perforations of the bowel urinary retention may be among the first phenomena induced

vestibular apparatus disturbances of
Barany s sign # 1 In disturbances of equilibrium resulting from involvement of the vestibular apparatus the patient tends to fall and the direction of this fall is modified by changing the position of the patient s head.

Vigouroux Which is diminished cutaneous resistance to electricity met with in exophthalmic goiter

Villaret In the presence of a lesion of the sciatic nerve and its branches When percussion is practiced over the tendo Achillis flexion of the great toe occurs

Villaret s syndrome Same as *Collet s syndrome* This syndrome is characterized by m osis enophthalmos sweating and combined paralyses These combined paralyses include paralysis of upper portion of pharynx hence dysphagia paralysis and anesthesia of the palate and fauces paralysis of the vocal cord anesthesia of the larynx loss of taste in the posterior third of the tongue and paralysis of the sternocle domastoid and trapezius This syndrome is related to *Avell s Hughl ng Jacl son s* and *Schmidt s* and they are either frankly bulbar or due to involvement of the last four cranial nerves The les on may be extensive and traumatic as in war injuries a

Verbrycke s syndrome (*continued*)
colon to the gallbladder The hepatic flexure is adherent frequently at a sharp angle to an otherwise free gallbladder fundus The gallbladder may fill concentrate and empty normally but *the weight of the colon dragging on it produces* the symptoms These are dyspepsia dull epigastric or right upper quadrant pain gas pressure and nausea. The symptoms are worse in the day because of the upright position with its consequent pull Right upper quadrant tenderness may be present especially in the erect position. If by x ray it is noted that localized gas in the colon remains in proximity to the same spot on the gallbladder in each film one may be reasonably sure of the diagnosis For complete details see Gallbladder Dr J R Verbrycke of Washington, D C, J A M A Jan 27 1940 Vol 114 No 4 p 314

Verco Erythema nodosum This sign consists of punctate hemorrhages or striae under the tongue and also on the hands and feet

Vermel s sign The sign consists of hypotension together with prominent pulsation of the temporal artery on the side *involved* when the headache is unilateral The temporal vessel is apparently hard and tense and with loud heart tones suggests arteriosclerosis but the vascular tension is always low The condition of the vessel had previously been described by Vermel as a temporal reflex in those suffering from headache of a neurasthenic type The author believes this so-called temporal reflex to be a hyperirritability of the vasodilators and that in those whose temporal artery is dilated weakened and *tortuous* but actively pulsates during the period of headache may also have a disturbed blood supply in various organs with corresponding disturbance of the central nervous system such as *dermographia*, tremor, headaches insomnia irritability poor memory a symptom grouping such as one meets with in the neurasthenic

Vernet syndrome This is characterized by paralysis of the *superior* contractors of the pharynx causing difficulty in the swallowing of solids paralysis of the soft palate and fauces with anesthesia in that region and in the pharynx paralysis of the sternomastoid and trapezius muscles loss of taste in the posterior third of the tongue vocal cord paralysis and loss

visceroptotic syndrome S *Romberg Paessler syndrome* also *Glenard s syndrome*

viscerosensory reflex This may be regarded as an exalted state of the vi ceromotor reflex being merely a question of degree or intensity of stimulation The pain reflex of locomotor ataxia the so-called crisis the midline epigastric pain and hyper esthesia of gastric and duodenal ulcer the gallbladder reflex the ureteral and renorenal reflexes are examples of this type of reflex and have been described in detail under their respe tive headings

viscerotrophic reflex This is an end result of the same forms of stimuli which earlier results in visceromotor or viscero ensory reflexes or both It implies an exhausted or possibly a degen *erative nerve supply of the particular muscle distributions* dependent upon the initial visceral stimulation For instance early apical pulmonary tuberculosis is associated with tension of the suprascapular and sometimes supraclavicular muscle areas whereas in late forms these muscles become flaccid The same is true of the midline epigastri area in gastric and duodenal ulcer

vital sign Applied to the pulse respiration and temperature implying the persistence of the vital functions and the an tithesis therefore of the signs of death

Vogt syndrome This is characterized by spastic diplegia with athetosis rhythmic oscillations and pseudobulbar palsy Also known as the *corpus striatum syndrome*

In this connection Kinnier Wilson s disease hepatolentic ular degeneration must be borne in mind This syndrome is familial of unknown etiology but associated with degenera tion of the lenticular nucleus and cirrhosis of the liver

Voltolini Synonymous with *Heryng s sign*

Von Graefe See *Graefe*

Von Wahl See *Wahl*

Villaret s syndrome (*continued*)
gummatous or tuberculous meningitis or a neoplasm in all of which the syndrome is bilateral When the syndrome is the result of a parotid bubo it is unilateral The unilateral syndrome especially is known as Villaret's syndrome

Vincent A synonym for the *Argyll Robertson pupil*

Vipond Which is the widespread adenopathy seen in children during the incubation period of the exanthemata

virile reflex This is known under two headings first as *Hughes reflex* which see and the second as the *bulbocavernosis reflex* which see also both of which are essentially normal phenomena

visceral cancer spontaneous thrombosis In upper and lower extremities For details see *Trousseau s sign # 5*

visceral neuralgia syndrome This is a neurovisceral syndrome that is characterized by the combined various aches pains and discomforts that result from functional disturbances of the various viscera

visceral reflex This is a very general term implying a reflex induced by some irritation of any of the viscera particularly the abdominal viscera It may be motor sensory, or both

viscerogenic reflex This is a generic term applied to any one of many reflexes which may take origin in any organ or any of the viscera and may be the result of some disease of the part Vesical tenesmus for instance the result of a cystitis or in some instances the introduction of a foreign body by a psychotic and well exemplified by a vague series of reflex phenomena both psychic and somatic which manifest themselves in the visceroptotics (Glenard s disease)

visceromotor reflex As the term implies the end result of visceral stimulation is more or less exalted muscular tension under pathologic scapular or supraclavicular muscles in early apical tuberculosis or in the reflex over the crest of the ilium or toward the genitalia in renal calculus the midline tension of gastric or duodenal ulcer These have been described under their various respective headings

visceroptosis
Stiller s sign Glenard s disease In more or less complete visceroptosis the sign consists of increased mobility of the tenth rib due to partial fixation even detachment of the tenth rib to the costal cartilages

Waterhouse-Friderichsen syndrome (*continued*)
by lethargy rapidly deepening into coma High fever weak rapid pulse intense cyanosis and purpuric hemorrhages into the kin are characteristic The disease is usually fatal in from sixteen to twenty four hours Massive bilateral adrenal hemorrhage is the most common postmortem observation The etiology is probably a fulminating meningococcemia

Weber

1 Hemiplegia on the one side with paralysis of the oculo motor nerve the third cranial nerve on the other side

2 This is essentially Kantor s sign but is termed by Weber twisted cord appearance instead of string sign

Weber s syndrome Same as *Weber Gubler syndrome* which see

Weber-Gubler syndrome Same as Weber s syndrome This syndrome is grouped among the crossed hemiplegias which implies functional loss of a cranial nerve on one side with motor or sensory loss or both on the opposite side indicating a lesion most frequently hemorrhagic occurring in the crus pons or medulla The Weber or Weber Gubler syndrome indicates a lesion in the crus Third nerve paralysis on the side of the lesion and paralysis of the arm leg and face on the opposite side are the characteristics of the syndrome

Wegner Congenital syphilis The sign consists of a widened and discolored epiphyseal line in infants dying from that disease

Weil s syndrome This syndrome is characterized by a unilateral hyperesthesia of the muscles nerve trunks and bones It is sometimes seen in cases of pulmonary tuberculosis

Weil Edelmann sign A variant of Babinski s great toe sign It was pointed out some years ago that the Babinski toe phenomenon may be elicited if the leg is flexed at the hip and extended at the knee In tuberculous meningitis both *Kernig* and *Weil Edelmann signs* were found coexistent and it may be of value in any meningeal inflammation and it may be elicited early in meningitis when *Kernig s sign* is absent Gerhartz in studying spastic reflexes differentiated two groups One those due to cortical disturbances and two those due to pyramidal disorders Gerhartz was able to reveal post mortem that a lesion in th cerebral cortex was the factor responsible for the so called cortical spastic reflex on the contralateral side of the body

W

Wachenheim and Reder s sign See under *appendicitis*

Wahl

1 In obstruction of the bowel due to any cause the sign consists of more or less distention or tympany on the proximal side In this connection compare Schlange's sign

2 When for any reason, such as traumatism an artery is partially divided a more or less harsh systolic sound will be heard directly over the divided vessel

Wallenberg s syndrome Same as *Babinski-Nageotte syndrome,* which see

Wartenberg s cerebellar sign This occurs in homolateral disease of a cerebellar hemisphere It was described by Robert Wartenberg of San Francisco in 19 9 The sign consists of a unilateral decrease *or ab ence of the arm swinging* movement in walking He states that it may be caused by extrapyramidal and pyramidal tract disease but that it may be a sign solely of cerebellar disease and that it is an early sign of cerebellar involvement This sign was referred to briefly by Gordon Holmes in 19‿0 (Authors Note—A similar condition may be seen as one of the manifestations of encephalitis frequently unilateral and at times associated with restricted and abnormal movements of one leg)

Wartenberg s sign *This consists of a reflex flexion of the thumb* when the patient pulls with his four fingers against the examirer s resistance It may be present in a lesion of the corresponding pyramidal tract

Warthin The exaggerated breath sounds heard in acute pericarditis

watered silk reflex Said to occur in children The reflex consists of a wavy appearance resembling watered silk seen upon the retina.

water hammer pulse See *Corrigan # 1*

Waterhouse-Friderichsen syndrome This syndrome was first recognized by Little in 1901 E E Aegerter gives a comprehensive review in the J A M A Vol 106 No 20 p 1715 May 16 19‿6 It consists of sudden onset malaise restlessness and often nausea and vomiting These are followed shortly

Wernicke (*continued*)

lateral hemiopia but in the vast majority of instances the lesion is sudden in origin embolic or thrombotic and occurs in the tract of one or other side There is a loss of both right or left visual fields (lateral homonymous hemianopsia) the actual lesion being on the side opposite to the dark fields In hemianopsia from injury or disease of the optic tracts contraction of the pupil follows only when a pencil of light rays is directed upon the functional half of the retina When directed upon the blind half the pupil will not contract The lesion is one occurring at the corpora quadrigemina or in the tract between this and the optic chiasm This sign was foreshadowed by Von Graefe but described first by Wilbrand of Berlin in 1881 by Wernicke in the Fortsch der Med 1881 and by Sequin Journal Nervous and Mental Diseases 1887

Wernicke s syndrome Same as *presbyophrenia syndrome*

Westphals pupillary reflex Known also as *Westphal Piltz reflex* This consists of a contraction of the pupil when an attempt is made to close the eyelids

Westphal s sign The absence of knee jerks in tabes dorsalis (Authors Note—See also the *Erb Westphal sign* in this connection)

Westphal Piltz reflex See *Westphal s pupillary reflex*

Widal syndrome Same as *Hayem Widal syndrome*

Widmer Acute appendicitis Being an increase in axillary temperature on the right side as compared with the left

Widowitz A prominence of the eyeballs which with the eyelids manifests sluggish movement in the paralysis of diphtheria (Authors Note—This is not quite the same thing as *Cantelli s sign* also known as the doll s eye sign which however may likewise be a sign of paralysis in diphtheria)

Wilder A sign occurring early in the course of exophthalmic goiter The sign consists of a slight hesitation or twitching of the eyeball in lateral movements somewhat resembling an abortive nystagmus

Williams

1 In large pleural effusions the sign consists of a dull tympanitic resonance on percussion over the second intercostal space of the affected side In this connection skodiac resonance must be recalled

Weill Occurring in lobar pneumonia in infancy Consists of a lack of expansion in the subclavicular region of the affected side

Weinberg s syndrome of spinal cord tumor at the foramen magnum This syndrome is characterized by the presence of pain in the cervical or occipital regions tending to extend down both arms to the elbows and aggravated by coughing sneezing and other exertions The evolution of the other symptoms depends on the extent of the tumor and direction of its growth Tumors projecting into the posterior fossa produce symptoms of intracranial pressure such as nystagmus papilledemas *vertigo ataxia past pointing and asteriognosis* Signs occurring in this syndrome not specifically characteristic of spinal cord tumors are high protein levels of the spinal fluid paresis of infrabu cal facial nerves atrophy of the muscles of the upper extr mities and speech difficulties Weinberg considers early diagnosis important for the possible preservation of life of the patient

Weiss reflex This is said to occur particularly in myopia With the ophthalmoscope, a curved reflex is to be seen on the fundus of the eye to the nasal side

Weiss sign The facial muscle contraction which follows light tapping or percussion in tetany, neurasthenia and sometimes in hysteria (Authors Note—As far as tetany is concerned this is practically synonymous with *Chvostek s sign*)

Wenckebach Adhesive pericarditis This sign is best observed on the lateral view of the thorax In the absence of respiratory movements no abnormality may be noted but on deep inspiration the chest outline will be more or less deformed (Authors Note—This is practically another phase of *Sir William Broadbent s sign*)

Werdnig Hoffman syndrome This is a rare condition usually hereditary and familial. It is a progressive spinal muscular atrophy and consists of paralysis beginning as a rule in the muscles of the thigh and pelvic girdle later the muscles of the trunk arms and legs with final paralysis of the respiratory muscles or a bronchopneumonia.

Wernicke This is a sign especially of a lesion in one or other optic chiasm and does not occur when the lesion involves the occipital lobe An isolated lesion in the cuneus may cause a

Williams (*continued*)

2 In chronic adhesive pericarditis the sign con i ts of diminished expansion of the left lung

Williamson Met with in pleural effusion and in pneumothorax. It consists of a definite lessening of blood pressure in the leg *as compared with blood pressure in the arm of the same side*

Wilson syndrome Described by S A Kinnear Wilson in 1912 Known as hepatolenticular degeneration or progressive len ticular degeneration It is a disease of the earlier years of life The lenticular nuclei become atrophic and degenerated and the seat of cavitation There is an associated cirrhosis of the liver The syndrome is characterized by motor disturbances as rigidity dysphonia dysphagia emotional imbalance and dementia Involuntary movements are athetoid and increased by effort There is weakness muscular rigidity pain pro gressive loss of flesh and contractures The hepatic degenera tion is a post mortem finding

winking reflex For detailed description see *opticofacial reflex*

Winkleman s sign Unilateral pyramidal tract disturbance The sign consists of a mild permanent hyperextension of the big toe on the affected side as compared with the normal side The patient should lie flat upon the back the feet to be viewed from above There may be an associated external rotation of the affected limb similar to that seen in fracture of the neck of the femur The sign may occur early, before the develop ment of the Babinski reflex and may persist after recovery from pyramidal tract disease (N W Winkleman 19 4)

Wintrich Pulmonary cavitation The sign is elicited by per cussion over a cavity The change in pitch will vary whether the mouth be opened or closed. *The mouth being open the* pitch is higher and lower with the mouth closed This is of no great practical value but is heard when a pulmonary cavity communicates with an open bronchus Also a pneumothorax under similar conditions Rarely in pneumonic consolidation when related to a large bronchus the note may similarly un dergo change The other signs characterized by a change of note are *Biermer s Friedreich s # 2* and *Gerhardt s # 2* When fluid is present change of position of the patient may temporarily occlude a bronchus hence the change of note may be obtained only when the patient is in the recumbent p ition or even the reverse may be true

Wintrich (*continued*)

Biermer s change of note Essentially the same as Gerhardt s # 2 When the patient is sitting the pitch of the percussion note is lower due to increase in volume of the cavity whether it be pulmonary cavitation or a pneumothorax this increase in cavity volume being due to sagging of the diaphragm the result of the weight of the fluid present

Friedreich s change of note Which is supposed to be indicative of an open cavity with flexible walls This sign consists of a lowering of the pitch of the percussion note over cavitation during forced inspiration which necessarily increases the volume of air It is conceivable of course as in the case of any tympanic head that tension may be increased to the point of flatness which is only occasionally met with in a case of pneumothorax when extreme distention exists

Gerhardt s change of note This change of percussion sound varies with the position of the patient and presupposes both air and fluid in the cavity The sign is due to a change in the direction of the long axis of the cavity with change in position of the patient

Wolfler Hourglass stomach In this condition fluids rapidly pass the relative obstruction but lavage reveals food fragments which may manifest evidences of fermentation and putrefaction depending upon the degree of stenosis and retention (Authors' Note—In spastic types relaxation will follow the hypodermic administration of 1/50 of a grain (1 3 mg) of atropine sulfate The x ray examination of such a case confirms the diagnosis of an hourglass stomach but does not differentiate necessarily an organic from a functional type)

Wolfson Reznick Gunther syndrome The diagnosis of metastases to the spine prior to the appearance of roentgen evidence

1 Radicular pain aggravated by motion sharply limited to one or two spinal nerve roots associated with localized tenderness to deep percussion over the spinous processes of the vertebrae

2 An accelerated erythrocyte sedimentation rate

An increase in the serum phosphatase level of the blood

Wolkowitsch Chronic recurrent appendicitis In such a condition there will be marked relaxation of the abdominal muscles of the right side (Authors Note—In acute abdominal

Wolkowitsch (*continued*)
conditions where the sympathetic cerebrospinal arc is in volved tension tenderness and often hyperesthesia are pres ent When the condition persists over a period of some time the hyperesthesia disappears tenderness is slight or absent and muscle tension is replaced by relaxation The same is true *in long standing pleural effusion where tension of the more* acute phase is replaced by relaxation So too in early apical tuberculous lesions muscle tension over the apical area espe cially posteriorly is the rule but in lesions of long standing there is marked relaxation Whether this is a trophic change or nerve exhaustion is not clear)

It must not be overlooked that most surgeons deny the existence of chronic appendicitis

Wood Deep general anesthesia. Consists of divergent strabis mus fixation of the eyeballs and bilateral relaxation of the orbicularis muscles

Wood s and Seltzer s sign Wood and Seltzer point out that the electrocardiogram reveals a P wave wider than normal and of low voltage bifid or flat It is most likely to be seen in cases of aortic regurgitation or in hypertensive heart disease hen e a sign of left ventricular strain or failure It is not un ommon in post rheumatic fever

Wreden Stillbirth In such infants the sign consists of gelatinous material to be found in the external auditory meatus (Au thors Note—It is possible of course that a sign of this kind could be utilized in medicolegal work)

wrist clonus *This is a normal phenomenon When the hand is* held down at arm s length the hand being in extreme exten sion lateral clonic movements of the hand occur

X

xiphoid sign This sign consists of the pre ence of maximum tenderness at the tip of the xiphoid process particularly on upward pressure It is usually present in disease of the gall bladder or the bile ducts Anatomic studies point to a direct lymphogenous as well as indirect lymph node connection between the gallbladder and the group of lymph nodes situated behind the xiphoid process The author Lyakhovitsky believes that acute lymphangitis and lymphadenitis just posterior to the xiphoid is the cause of th tenderness It is supposedly pathognomonic of cholecystitis and cholelithiasis Surgical experience is claimed by the author to convince him of the justness of his opinion.

Y

yellow fever

Faget s sign In yellow fever the fall in the pulse rate though the fever remains high or may even be rising

Z

Zaufal An eponym applied to the saddle nose (Authors Note— This may be traumatic or luetic in origin)

Zuqsmith Ulcer and carcinoma of the stomach It consists of an area of percussion dullness in the second interspace extending beyond the sternum on each side

zygomatic reflex When the zygoma is tapped with the percussion hammer the lower jaw moves toward the side percussed This may occur within normal limits but is excessive in tetany for instance